

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912
This Bulletin will be sent to any address in the State free of charge.

Vol. 24

JANUARY, 1932

No. 1

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

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 *Vital Statistics.....
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 Engineering.....
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MALARIA RESEARCH

Tallahassee..... Mark F. Boyd, M. D.
 (Rockefeller Foundation)

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

WE HOPE TO CONTINUE

After clearing the cobwebs from my mind by writing a somewhat facetious article under the above title, I shall endeavor to give serious consideration to a statement of what facilities we have to continue the program of the State Board of Health.

The daily press has announced from time to time what the Board is trying to do to adjust its coat to the cloth available. All know that there was a change in the procedure of providing for the expenses of the State Board of Health in the last Legislature. This article is not written with any intention of criticising any individual or body of men, but simply for the purpose of informing the public of the reasons for curtailing public health activities.

The budget for the State Board of Health, as recommended by the budget commission amounted to \$308,957.55, which included \$25,000.00 to aid counties which wished to put on a full time County Health Service. It also included \$30,000.00 for biologics, such as smallpox vaccine, toxin antitoxin, toxoids (for prevention of diphtheria) typhoid vaccine, antirabic treatments, the prophylactic doses of anti-tetanus serum, and some therapeutic doses of diphtheria and tetanus antitoxin. With the continuation of the hard times, the condition of the poor, both in the county and in the cities, has grown worse economically, and the State Board of Health has had increasing demands for help to the indigent sick. It soon became evident that the Legislature found it difficult to agree upon a measure which would provide the revenue required to meet the budget of the whole state, and reductions were suggested for all state departments. The first of such reductions for the State Board of Health was on the order of a 12½% cut from the amount presented by the budget commission, which the Board met with a revision bringing it down to approximately \$270,000.00. This was done by the cutting of salaries and readjustment of maintenance and operation, as well as the amounts for biologics and the aid to County Health Units.

Some two months ago the State Health Officer was notified by the Governor that the general revenue as it was coming into the state treasury was insufficient to carry the expenses of the State Government, even on the previously reduced scale, and that additional drastic cuts were necessary to operate and balance the budget. In response to this the State Board of Health met the Governor and his Cabinet and made a very strong plea for sufficient funds to continue its program. The Governor as well as his Cabinet expressed sympathy for the health department, but stated that their hands were tied. There

ADMINISTRATION

appeared to be only a limited amount of money available, and this would have to be prorated to meet all branches of the State Government, and furthermore, they could not at that time see more than approximately \$200,000.00 available for the State Board of Health.

After weeks of study, and various efforts to reduce salaries and operating expenses, it was still found that the Board could not reach the low level set. The closest approach which could be made was reached after eliminating one whole division of activities, the Bureau of Child Hygiene, and even then with other additional cuts in salaries and operation the smallest budget considered workable is about \$216,000.00.

Why suspend the Bureau of Child Hygiene? This Bureau is the last one organized, and "the last shall be first" has been applied in this case. It was also thought that there were fewer with families to support in this Bureau.

Up to about 1921 the State Board of Health had enjoyed the income from the proceeds accruing from a half-mill tax on all taxable property in the State. At that time the millage was reduced to one quarter mill, with the consequence that the surplus accumulated by Dr. Porter and his successors was rapidly depleted, and subsequent Legislatures provided for the situation by authorizing the Governor to use the proceeds of one-half mill for health. With decreasing valuations, and an increase in the amount of real estate going back to the State, the income from the half-mill tax also grew less, until it appeared that it would not be sufficient for the State Board of Health budget. The Legislature was asked for a three-quarter mill revenue for the State Board of Health, but some of the leaders advised that it would be better at this time to accept a fixed appropriation, and relying on their judgment a fixed amount of \$272,920.00 was authorized to the State Board of Health as shown in the Committee Substitute for House Bill 80 XX, which is the beginning and end of this story. Nevertheless, WE HOPE TO CONTINUE.

LIBRARIAN

Through the generosity of the Rockefeller Foundation, the State Board of Health has been enabled to re-establish its library. It is the wish of the Rockefeller Foundation that the library be developed as a general medical reference library, both for public health, general medical and surgical purposes. It will be a great help to the staff of the State Board of Health to have this service as well as to the medical profession in general.

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****UNEMPLOYMENT RELIEF**

Great care should be taken during the present general deflation that in any retrenchment scheme advanced a very dangerous hazard is not set up in the weakening of our public health structure. Already one state shows a present 25 per cent increase of undernourished school children over normal years and the waiting list for admission into state sanatoria for tubercular patients has more than doubled.

Undoubtedly funds set apart for the relief of distress in the great army of unemployed will have to provide in part for food, clothing and shelter for the sick, helpless and children but in every general plan where possible this assistance should take the form of created opportunity to enable the able bodied unemployed to work and provide for their dependents.

In such a program there could be no work of greater importance than the maintenance and improvement of those projects with which the health and well being of the people are so much concerned. A body weakened by undernourishment is no able candidate to withstand the attacks of disease and disaster. Already impoverished, an epidemic would prove calamitous.

Funds spent in a well established health program will operate as a relief measure and as increased insurance to public health. At no time in recent years has there been an opportunity of getting the value of every dollar spent as there is today, and it is doubtful whether this will be the case in the near future when, as we hope, an upturn in the general business trend takes place. Bond issues are difficult to put over at this time and no doubt where approved a fair sale value might be found impossible, yet when issued for projects of such importance as a safe, sanitary water supply or extension of same, a sanitary sewer system and treatment plants, the protection of the community from that scourge of our Southland, malaria, the value of the funds so invested are of an importance not commensurable in monetary terms.

A safe sanitary water supply to every human habitation within its limits should be the goal of every urban community. This is one of our principal safeguards against typhoid fever. Where a safe supply is already available it is well to see what extensions may be made.

Sewage disposal, of equal importance, is always in line for improvement. Sewer line extensions to those sections not in the service areas will lessen the field of infection for typhoid, dysentery, diarrhea and tuberculosis. Treatment plants will further protect through the elimination of contamination of water supplies, bathing beaches and the important shellfish areas of the state. The installation of sanitary pit privies to replace surface toilets where water carried sewage is not practicable is a definite part of sewage disposal.

BUREAU OF ENGINEERING

The control of malaria through the elimination of the *Anopheles* mosquito is a very highly important problem in periods of depression. Drainage of a permanent character should be undertaken, not of necessity such as entails the expenditure of large sums of money, but drainage of minor character which brings such multiplied returns for the effort involved. Thorough screening of homes may be the most feasible means of mosquito protection in sparsely settled districts where drainage projects would involve the expenditure of sums beyond a community's means.

Recent investigations in studies of sandflies have pointed to a very definite reduction of these pests following salt marsh mosquito control. While not implicated with any definite direct disease transmission at this time the agony and distress caused by this pestiferous insect to one and all makes its elimination of prime importance. A complete control program has not been devised but those communities having this as one of their serious problems would do well to investigate this work and experiments even now bid fair to give a fairly high degree of control on a small investment.

These few points do not by any means exhaust the field for increased health protection or the maintenance of our present standards, but are mentioned as line of endeavor for an outlet for the funds of unemployment relief. Every committee should study the situation thoroughly and engage in those activities particularly applicable to local conditions always with the thought in mind that an undernourished and underprivileged body requires greater health protection and environment than one in the pink of condition.

OUT-O-DOORS IN FLORIDA

In childhood days of a generation past, winter was always associated with fireplaces around which to gather and frozen windows for watching the snowdrift build, but with us today it stands more for sunshine and orange trees aglow with their golden fruit—and the rest of the great out-o-doors.

Sunshine, oranges—and the great out-o-doors, what a combination for health and happiness.

This combination coupled with economy sounds a call for a vast number of people who prefer travelling and living in the open. With the excellent facilities provided today it is seldom necessary to carry tenting equipment, as most camps are provided with convenient cottages for their patrons.

Permitted camps only are allowed in Florida. These have a caretaker; an ample supply of water of good sanitary quality; a safe sanitary method of sewage disposal with flush type fixtures; shower baths; laundry facilities; daily garbage removal, and many other

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conveniences. Patrons are always advised to keep dogs tied or muzzled while in camp.

The Bureau of Sanitary Engineering has a list of authorized camps for the season of 1931-32, which will be sent on request to any person interested.

BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING

Lucile Spire Blachly, M. D., Director

HOW MIDWIVES MAY QUALIFY

The new midwife law makes valid a law passed in 1927 which provides for the registration of licenses. The 1931 law requires all midwives to be licensed, fixes the qualifications, limits the time during which the licenses are in effect, empowers the State Health Officer to fix rules and regulations necessary to the carrying out of the law, and specifically provides certain things the midwives may or may not do.

The 1927 law requires the license to be registered in the office of the Clerk of the Circuit Court, sets forth how this is to be done and fixes the penalty for failure to register. This penalty is a fine not to exceed \$50.

Beginning early in January, an attempt will be made to carry out the provisions of the two laws. This task was delegated to the Bureau of Child Hygiene and will be continued by one of the nursing staff. Because of the reduced budget it will not be possible to serve every county in the state early in the year and perhaps a few of the counties not at all during the present year. Until the counties are so served the midwives therein will be permitted to continue to practice under the temporary licenses issued them by the State Board of Health during 1931.

Steps Necessary to Become a Licensed and Registered Midwife.

Before a person desiring to practice midwifery may legally be permitted to do so she must take the following steps:

1. Make application for license to the State Health Officer. (The form to be used will be issued by him.)
2. Fill out this application blank including thereon the written recommendations of two duly licensed and registered physicians.
3. Acknowledge this before a notary public. The fee will probably be from 25 cents to one dollar.
4. Convince the State Health Officer of her ability to practice. This may be done in one of two ways: (a) by presenting a diploma which meets with his approval, or (b) by passing an examination prescribed by him. (This examination may be merely in the form of questions put to the midwife by the examiner, by the carrying out of

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certain practical demonstrations such as hand washing, tying of the cord, etc., or written, depending on whether the midwife is seeking to qualify as a Grade A, B, or C midwife.) If successful the midwife will then be given her license. Before she can use it, however, she must have it recorded.

5. Record the license in the court house. The fee charged the midwife is the same as that charged in that county for registering a deed. This will probably be \$1.00.

6. Make application to the State Health Officer for a Certificate of Registration. This application blank costs \$1.00. The form is provided by the State Health Officer.

7. Fill out this application and have it acknowledged before a notary public. This will cost from 25 cents to \$1.00.

8. Send this application for Certificate of Registration to the State Health Officer. On its receipt the midwife will be sent a Certificate of Registration which she shall keep on display in her home or office.

The total cost, exclusive of the occupational tax which will be fixed by each municipality, will be from \$2.50 to \$4.00.

Provisional Plans

Midwives desiring licenses are requested not to send money or to make application for licenses until notified through the mail.

Some nurse from the State Board of Health will arrange as rapidly as possible to meet the midwives of any given county at the Court House or accustomed gathering place and at that time will give each an application blank, help her fill it out and direct her what to do next. Those counties having local boards of health or established public health nurses willing to assume supervision of the local midwives will be visited first.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

LOCAL HEALTH RESPONSIBILITY

For the successful control of communicable diseases and the application of other public health protective measures the burden of responsibility must rest on each community, city, town or county. The function of the State Board of Health is advisory and supervisory and the local work done by its field personnel is only intended to demonstrate and to supplement local effort.

An average Florida county or one of our larger cities is a large enough political division to occupy the entire time of a health officer

BUREAU OF COMMUNICABLE DISEASES

and several assistants. Some of the small counties might well be joined to form a health district as provided by the 1931 county health law.

Neither the district health officer of the State Board of Health nor the sanitary officer can be sufficiently in touch with all the health needs of his ten or fifteen counties to serve them adequately and if health protection is to be provided there must be some local person designated to bear the responsibility.

For many years the State Board of Health employed local physicians as "county agents." Their chief duties related to the control of major communicable diseases. They quarantined, vaccinated and fumigated. More recently the district plan has been in vogue with two or three, up to ten, district health officers; now five, whose names are listed on the second cover page of Health Notes.

Various people have been designated locally to do public health work on a full or part-time basis. They may be known as sanitary officers, inspectors (dairy, meat, food, restaurant, etc.), public health nurses, city or county health officers, city physicians, county physicians, school nurses, etc. Their work may be about what would be expected from the title and it may be considerably more inclusive. Usually the duty of the city or county physician is limited to the treatment of indigent sick and care of prisoners but sometimes he assumes or is charged with some of the duties of a health officer. These people are employed by cities, counties, school boards, civic clubs and other unofficial health or welfare agencies. Although a part-time employment is looked upon with disfavor, much excellent health work has been done by some of these workers. In some instances their efforts would be much more effective if they had more training and closer supervision.

The State Board of Health is eager to relinquish to competent local workers as much as possible of the preventive and constructive detail work it is now doing. The continued growth of the county health unit plan is evidence of its worth. One thing and only one has retarded its general adoption in Florida and that is lack of funds. It takes state money to promote, supervise, assist and subsidize county health units. It takes county money to meet a major portion of the cost and until the people realize its value and communities appreciate their responsibility, adequate health service will be lacking.

Public and personal health is purchasable. Time, thought and money invested for health will return large dividends. The better health protection we provide, the more people we will be able to welcome as visitors and as permanent citizens.

Carbon Tetrachloride

The elastic capsules furnished for hookworm treatment are fairly stable but they will deteriorate. The gelatin capsules will mould and

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the volatile fluid will evaporate making the product unfit for use. Physicians using our carbon tetrachloride capsules will serve the best interest of all by ordering only the approximate number that will be used in a few weeks. Storage in a cool dry place and a glass or tin container will help.

Hexylresorcinol

Another drug seems to be coming into use for eradicating round worms. It is a white crystalline substance, given only under a physician's supervision. It is put up in enteric, chocolate coated pills which may be procured through the drug trade. The drug is not supplied by the State Board of Health. It is effective against hookworms and ascarides and better than anything we know of for thread worms.

Warning

Carbon tetrachloride should not be used for hookworm treatment if ascarides are present; it stimulates them to dangerous activity. For the same reason an anesthetic should not be given a person with ascarides. Hexylresorcinol, on the contrary, kills the ascarides without stimulating. Stool examination should always precede the administration of worm medicine.

Taylor County Health Unit

With Mr. M. E. Penton for sanitary officer and Mrs. Mary E. Herndon for county nurse, both capable and efficient public health people, the above named unit enters the new year with every prospect for an excellent program and the hearty cooperation of all good Taylor County people. Every member of the staff has the health interest of the people at heart and the State Board of Health extends to them most hearty wishes for a successful New Year.

Leon County Health Unit

On January 1st this Unit entered upon the second year of activity. One addition was made to the Unit—a dental technician, Miss Louise Kennedy, who entered on her duties early in the school year. She has had experience and training in oral hygiene; her program is primarily educational and her influence will surely be felt in Leon County's next generation. All good wishes to Leon County.

BUREAU OF LABORATORIES

Paul Eaton, M. D., D. P. H., Director

THEORETICAL CONSIDERATIONS

All living things must nourish themselves and reproduce their kind. They must find circumstances favorable to them. Pine trees can live where oak trees cannot. Mice can live where fish cannot.

The germs which cause disease are no exception to this rule. They must find circumstances under which they can live, that is, the proper conditions of temperature and moisture; they must find food and the opportunity for reproduction.

BUREAU OF LABORATORIES

In general there are two kinds of organisms which can cause disease. One variety is known as the strict parasite. It must have the conditions found in the living animal body, as to temperature, moisture and nourishment.

Take for example the organism which causes malaria. For one stage of its existence it requires the conditions found (so far as we now know) only in the living human body. After this germ has gone through its development in the mosquito it is quite helpless to go on with its existence unless it gets into a human body. Having gotten into a human body it is then again hopeless of further life unless it can get into the body of a mosquito.

Now if malaria promptly killed every man who was infected by it, it would have been a much more difficult thing for this disease to perpetuate itself. The less fatal it is, the better chance it has to persist in nature. Since it kills a relatively small proportion of those whom it affects, malaria has a much better chance of surviving. The victim goes about his business only partially disabled and thus permits the disease to be perpetuated.

Typhoid fever is caused by another example of the strict parasite. For its continued life it demands the conditions found in the living human body. Of course the germs will survive for a long time in ice, but under such conditions they do not multiply. If typhoid fever were universally fatal it probably would not have survived as a disease, but it kills only about one in ten of its victims and the nine non-fatal cases certainly contribute most largely to the continued existence of the germ. Some of these non-fatal cases become carriers.

The persistence and spread of rabies offers a very interesting study. Here is a disease which is universally fatal. It exists only in warm-blooded animals. When a dog or a wolf gets rabies and arrives at the infectious stage, he straightway sets about finding some other animal to which he can communicate the disease, in the only way in which it can be communicated, that is, by biting. Now of course, biting is a very natural thing for a dog or a wolf or indeed any animal to do. It will be seen then that rabies owes its persistence to the fact that it does not kill immediately and to the further fact that it intensifies a natural instinct in the infected animal which is favorable to the continued existence of the disease. If every animal infected with rabies were to drop in his tracks and die, the disease would disappear from the face of the earth.

Tuberculosis owes its wide spread to the fact that it takes a long time to kill its victims, and permits them to act as active distributors for a great part of the duration of the disease. The thoroughness with which they do this is reflected in our mortality records. In Florida, tuberculosis causes more than one thousand deaths every year, while typhoid fever causes less than one hundred.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
NOVEMBER, 1931.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2090	937	40	153	33	3253
Diphtheria	1697	4375	141	1570	91	7874
Typhoid	314	181	33	36	24	588
Malaria	541	170	36	19	106	872
Rabies	18	5		1		24
Tuberculosis	155	88	6	52	9	310
Gonorrhea	399	225	29	131	28	812
Kahn	3389	1328	115	707	114	5653
Water		37		212	2	251
Milk	516	392	336	837	71	2151
Miscellaneous	99	22	6	120		247
	<u>9218</u>	<u>7760</u>	<u>742</u>	<u>3838</u>	<u>478</u>	<u>22036</u>

Specimen Containers Distributed 10672

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	251 Packages
	5,000 units	63 Packages
Toxin Antitoxin.....		20425 C. C.
Schick.....		9830 Tests
Toxoid.....		3210 C. C.
Tetanus Antitoxin.....	1,500 units	4 Packages
Typhoid Vaccine.....		3440 Treatments
Vaccine Virus.....	10's	1383 Capillaries
Anaerobic Virus.....	100's	1 Package
Antirabic Virus.....		49 Treatments
Carbon Tetrachloride.....		2349 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****PROCEEDINGS OF PUBLIC HEALTH CONFERENCE**

The third annual meeting of the Florida Public Health Association was held in Jacksonville at the Mayflower Hotel, December 7-10, 1931. With a few exceptions, the program was carried out as scheduled and outlined by the president, Dr. Henry Hanson, in the November, 1931 Health Notes. The Monday morning session opened at 10:00 a. m. with an address of welcome by

Honorable John T. Alsop, Jr., Mayor of Jacksonville, and a full, continuous program took place morning, noon, afternoon and night until Wednesday evening. On Thursday morning, the section comprising the Association of City Milk Inspectors assembled and continued throughout the day. Well over 200 registered during the conference and all sessions were well attended. Remarks overheard from some of our distinguished guests who have attended similar meetings elsewhere were indeed very complimentary. The papers presented were exceptionally well prepared and although the subject matter for the most part was technically scientific, it was discussed in a manner suitable to the audience.

Public health workers are eager to better fit themselves for their work and those who had the opportunity of attending these meetings were well repaid for the time and expense invested. President Hanson, who by virtue of his office as state health officer automatically became the chairman of the program committee, was largely responsible for the well-balanced program and the bringing to this conference guest speakers of nationwide recognition. Out-of-state representatives at the conference included Dr. John A. Ferrell of the Rockefeller Foundation and president-elect of the American Public Health Association; Dr. T. F. Murphy, Chief Statistician for Vital Statistics, United States Bureau of the Census; Dr. LeRoy A. Wilkes of the American Child Health Association; Dr. L. L. Williams of the United States Public Health Service; Dr. T. H. D. Griffiths of the United States Public Health Service; Mr. Leslie C. Frank of the United States Public Health Service; Dr. W. E. Dove of the United States Department of Agriculture; Malinde Havey, R. N. of the American Red Cross; Dr. J. R. McCord of the American Social Hygiene Association; Dr. James Wallace of the American Public Health Association; Dr. W. F. Draper of the State Board of Health of Virginia; Dr. J. N. Baker of the State Board of Health of Alabama; Dr. V. H. Bassett of the City and County Boards of Health of Savannah and Chatham County, Georgia; Dr. L. S. Nichols, County Health Officer, Geneva, Alabama, and Mr. Ernest J. Kelly of the Bureau of Dairy Industry of the United States Department of Agriculture. Cooperation and help were given in the preparation for the health conference as well as during the meetings by other organizations and individuals in the state too numerous to mention in the limited space allotted here.

BUREAU OF VITAL STATISTICS

The following officers were elected for the ensuing year:

President.....	Horatio Newton Parker, Jacksonville.
First Vice-president.....	Inez M. Nelson, R. N., Orlando.
Second Vice-president.....	Rothwell Lefholz, M. D., Coral Gables
Secretary-Treasurer.....	Stewart G. Thompson, D. P. H., Jacksonville.

Board of Directors

Horatio Newton Parker, Jacksonville
Inez M. Nelson, R. N., Orlando
Rothwell Lefholz, M. D., Coral Gables
Stewart G. Thompson, D. P. H., Jacksonville
Henry Hanson, M. D., Jacksonville
Ruth Mettinger, R. N., Jacksonville
Sherwood Smith, Jacksonville
Joseph N. Hornbaker, St. Petersburg.
Ford Thompson, Tallahassee.

The official representative from the American Public Health Association, Dr. James Wallace, carefully examined the constitution and by-laws of the Association, membership records, etc., and advised that the Florida Public Health Association had met all requirements for affiliation with the international organization. Official action was, therefore, taken by the Association and the secretary instructed to proceed with a formal application with a view to making the Florida Public Health Association a branch of the American Public Health Association.

Ocala, Florida, was selected as the place of meeting for the 1932 conference to be held in December.

TYPHOID DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total	Nov.	Dec.	Total
1931*	6	12	6	6	6	12	15	8	7	2	80			
1930	10	5	5	3	6	8	6	8	9	4	64	4	4	72

MALARIA DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total	Nov.	Dec.	Total
1931*	9	6	10	16	18	15	21	18	26	18	157			
1930	17	15	10	19	16	24	45	50	47	49	292	25	15	332

DIPHTHERIA DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total	Nov.	Dec.	Total
1931*	8	6	9	2	0	3	1	3	5	16	53			
1930	7	7	4	3	3	5	2	3	3	12	49	19	11	79

TUBERCULOSIS DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Total	Nov.	Dec.	Total
1931*	85	101	87	102	83	93	91	82	79	81	884			
1930	85	89	101	96	94	74	89	73	66	88	855	81	79	1015

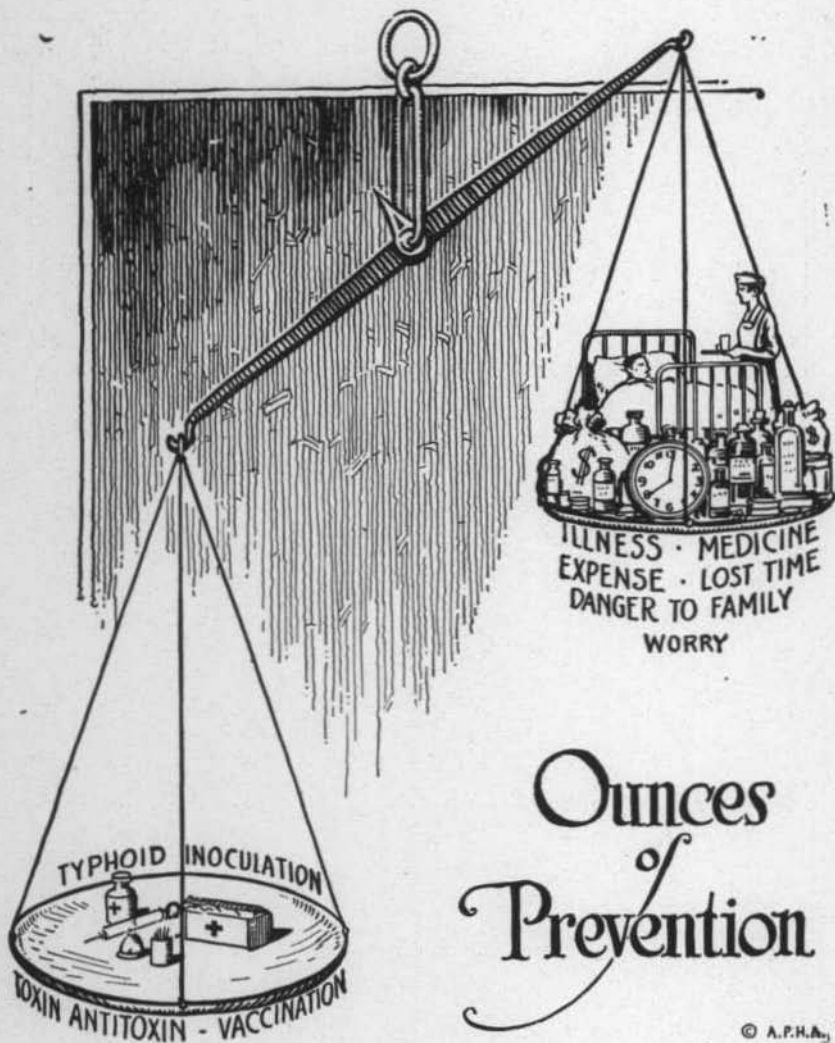
*Provisional figures.

BUREAU OF VITAL STATISTICS

PROVISIONAL MORTALITY FOR OCTOBER, 1931*
AS COMPARED WITH SAME PERIOD PREVIOUS YEAR

Inter- national List No. (1929)	F L O R I D A	NUMBER OF DEATHS					
		October, 1931*			October, 1930		
		Total	White	Col.	Total	White	Col.
GENERAL MORTALITY (ALL AGES)							
1-214	ALL CAUSES	1372	793	579	1423	809	614
1-2	Typhoid	3	0	3	4	2	2
6	Smallpox	0	0	0	0	0	0
7	Measles	0	0	0	2	1	1
8	Scarlet fever	0	0	0	1	0	1
9	Whooping cough	1	0	1	3	2	1
10	Diphtheria	17	15	2	12	9	3
11	Influenza	7	4	3	14	4	10
16	Acute anterior poliomyelitis	1	1	0	1	1	0
17	Lethargic encephalitis	0	0	0	1	1	0
18	Meningococcus meningitis	1	1	0	0	0	0
23-32	Tuberculosis—all forms	83	31	52	88	33	55
38	Malaria	22	11	11	49	28	21
45-53	Cancer—all forms	86	68	18	77	65	12
59	Diabetes mellitus	17	13	4	11	7	4
62	Pellagra	15	2	13	15	7	8
78-89	Diseases of the nervous system	130	62	68	132	81	51
82	Cerebral hemorrhage, apoplexy	111	50	61	112	67	45
90-103	Diseases of the circulatory system	193	115	78	251	142	109
90-95	Diseases of the heart	175	104	71	232	132	100
104-114	Diseases of the respiratory system	70	41	29	95	56	39
107-109	Pneumonia—all forms	46	28	18	67	42	25
115-129	Diseases of the digestive system	119	73	46	93	57	36
119	Diarrhea and enteritis (under 2 years)	18	11	7	20	12	8
130-139	Nonvenereal diseases genitourinary system	154	97	67	157	96	61
130-132	Nephritis—all forms	133	77	56	136	85	51
140-150	The puerperal state	28	20	8	30	15	15
210	Automobile accidents	42	35	7	39	29	10
INFANT MORTALITY							
Number of LIVE BIRTHS		2562	1853	709	2533	1739	794
Number of STILLBIRTHS		162	68	94	200	71	129
Number of DEATHS under 1 year (all causes)		165	102	63	162	94	68
By cause: (deaths under 1 year)							
1-44, exc. 11, 23, 32a	Infectious diseases	5	0	5	15	8	7
11, 23, 32a, 104-114	Respiratory diseases	15	8	7	19	12	7
118, 119	Gastro-intestinal diseases	12	7	5	13	7	6
157-161	Malformations & early inf.	96	65	31	82	50	32
159	Premature birth	48	33	15	50	27	23
160	Injury at birth	7	6	1	13	9	4

* Includes delayed certificates.



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

FEBRUARY, 1932

No. 2

Edited by

STEWART G. THOMPSON, D.P.H., Member
American Medical Editors' and Authors' Assn.

REVISION OF MAILING LIST

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TUBERCULOSIS AND EPIDEMIOLOGY

Jacksonville.....	W. A. Claxton, M. D.
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

AIMS OF HEALTH NOTES

The aim of Health Notes is to disseminate information on means of keeping well. By this we do not mean that we are in anyway trying to take the place of the FAMILY PHYSICIAN. There is no one who can take his place. He is your best friend and represents the greatest or truest need of the family. There has always been a family physician and there always will be one. A Health Department which does not use its opportunities to tell the public of the value of the family physician is not doing its duty either to the State or the public. There has been a great deal of talk recently about State Medicine, and about the tendency of public health activities leading to State Medicine. The Florida State Board of Health does not share this opinion, nor does it think State Medicine a desirable thing, either for the public, the health worker or for the medical profession.

The family physician should be consulted by the public for information on how to keep well. It is much more economical for the people and at the same time more remunerative to the physician. If you will allow him he can almost invariably keep both you and your family well, and fit to continue working. If you are able to work you can usually earn something, and all are happier when busy. There is usually something which can be done. In this state it is quite possible for everyone to produce enough to keep himself and family supplied with food. The sick produce nothing and usually become dependent on some one who does work for care, shelter and food. These things have to be provided by those who are well enough to continue working. It is of course a known fact that many people are taken sick through no apparent fault of their own, but many others are taken sick on account of neglect, or ignorance of a few simple precautions which would have enabled them to avoid such misfortune. Those who are continually sick are not earners, and are of no financial gain to the doctors, merchants, lawyers or preachers. All doctors of good ethics and standing are advocates of health precautions. In fact it is no pleasure to a doctor to find you sick; his greatest satisfaction is found in restoring you to good health. It is worth more to you to pay him to keep you well than to pay him to get you well after you have been taken sick. Yes, we know you want to get well when you are sick, but you should be just as eager to continue well when you are not sick.

All ought to know that there are many diseases which formerly made up a great portion of our morbidity and mortality statistics, which no one need have now. Some of these are, small pox, diphtheria, dysentery, typhoid fever, and in fact practically all of what are known as the communicable diseases. There are definite known precautions which are almost 100% sure proof against malaria,

ADMINISTRATION

tuberculosis, and our common intestinal parasites—the greatest handicaps to earning power of the rural population of Florida. Many who may read this article won't believe that the last three diseases named annually reduce the earning power of the working classes of Florida by \$12,000,000.00. If the advice of the family physician had been followed out carefully this and much more would have been saved to the State. You ought to go to your doctor about twice each year for overhauling and repairs.

Most persons who drive good cars take them to a good mechanic when they suspect that they are not working as well as they should—the average doctor's fees are no higher than the fees of the average auto mechanic—you ought not to drive your high powered car unless you are quite well, and know that you can depend on it to get you to your destination. You should live three score and ten years or more. Whether you do may depend on your engine, your heart; you can't take those valves out and have them ground or replaced.

CLEANLINESS is the most important item in good health. If all practised scrupulous cleanliness there would be very little sickness. It is because so many fail to observe this slogan that ways and means have been devised to protect you and your children against the injurious consequences of the unhygienic habits of your neighbors.

Finally, everything published in Health Notes is for the purpose of keeping you well and prosperous. If you want to continue receiving Health Notes, sign the coupon and send it in to the State Board of Health.

NOTELETS

The annual convention of the Florida Medical Association will be held in Sarasota, May 3-4. Preceding this meeting, on Monday, May 2nd, the Florida Railway Surgeons Association will hold their annual meeting.

The next annual meeting of the Florida Public Health Association will be held in Ocala, Florida. Everyone interested in the public health of Florida is urged to make plans for attendance at this meeting.

The annual meeting of the Florida Anti-Mosquito Association will be held in Clearwater, March 14-15, 1932. This will be a very important meeting and persons interested are urged to attend.

If you desire to have your name remain on the mailing list to receive Florida Health Notes, please fill out coupon on front cover of this issue and return immediately.

BUREAU OF ENGINEERING
Louva G. Lenert, Chief Engineer

ANNOUNCEMENTS!

Florida Anti-Mosquito Association
Annual Meeting — Clearwater, Florida
March 14th, 15th, 1932

Again the Florida Anti-Mosquito Association is making plans for its annual meeting and this year the Association and all of those interested in malaria and mosquito control will gather at Clearwater down in Pinellas County to renew old acquaintances and learn of the most recent methods concerning the warfare on these pests.

Pinellas County of which Clearwater is the county seat, was created into a Mosquito Control District during November, 1930 and since that time, under the good leadership of the directors of the district, mosquito control work has gone steadily forward. Some delay was occasioned, however, in commencing this work because the tax funds were not available until November, 1931, but in the meantime the District borrowed an amount sufficient to allow them to proceed until the necessary tax money was received. Therefore, when the Florida Anti-Mosquito Association convenes for its tenth annual meeting in Clearwater this year the delegates will be shown how the most recently created Mosquito Control District in the state attacks its problems and the program arranged to carry on the work throughout the county.

The dates for the meeting in Clearwater are March 14th and 15th and headquarters will be at Fort Harrison Hotel where all sessions will be held.

With its usual kind hospitality, St. Petersburg has extended to the Association an urgent invitation to visit the Sunshine City and it is quite possible that arrangements will be made to hold one session of the convention there.

Clearwater, Pinellas County and the Florida Anti-Mosquito Association invite all those interested in mosquito eradication and malaria control to be present at this meeting. An interesting program on all phases of these problems will be presented. REMEMBER THE DATES — March 14th and 15th — CLEARWATER, FLORIDA.

Florida Section American Water Works Association
Annual Meeting, also

Third Annual Water Works Short Course
St. Petersburg, Florida, March 15th, 16th, 17th and 18th

The Sixth Annual Meeting of the Florida Section, American Water Works Association will be held in St. Petersburg on March 15th, 16th, 17th and 18th, while the Water Works Short Course will be

BUREAU OF ENGINEERING

held in conjunction with this meeting through the cooperation of the University of Florida, Extension Division on the first two days of this meeting. This will be the third annual Short Course, the second having been given at West Palm Beach in 1931 and the first in Gainesville at the University of Florida in 1930.

The program being arranged for this meeting will cover the chemical, operating and administrative phases of water works practice. Subjects such as "Hydrogen Ion Concentration and Free Aluminum Determination"; "Algae Conditions, Controls and Remedies"; "Experience in Control of Taste and Odors"; "Experience and Usage of Ammonia in Treatment of Water"; "Metering"; "Dead Spots in Distribution Systems"; "Operation Problems in Small Water Works Plants"; "Public Relations"; "Budgetary Control of Expense" and others will be presented during the two day session of the Section. The subjects to be covered by the Short Course will be announced at a later date.

Headquarters for the meeting will be at Suwannee Hotel and all sessions will be held at the same hotel.

Remember the place and dates—St. Petersburg, Florida, Suwannee Hotel, Annual Meeting Florida Section, American Water Works Association, March 15, 16, 17 and 18th.

Annual Conference

Food, Feed and Drug Officials of the Southeastern District

Another meeting of great interest and value to health officials, particularly those interested in foods and food handling, is that of the Food, Feed and Drug Officials, of the Southeastern District, which will be held in Charleston, South Carolina, on February 23rd and 24th. This Conference presents a program of real interest and is well attended by health officials of the southeastern states.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

THE WIDAL REACTION

When it was discovered that certain diseases were caused by living organisms and that these living organisms could be isolated and caused to grow outside the bodies of their favorite hosts, it was hoped that the conquest of these acute infections was in sight.

Many over-enthusiastic persons announced that man would soon be free from these plagues. But it was soon discovered that the matter was not quite so simple as it seemed.

There is no question in the minds of bacteriologists that acute infections are due to living organisms, but the trouble is that many

BUREAU OF DIAGNOSTIC LABORATORIES

of these organisms are remarkably elusive. They are difficult or impossible to see and refuse to grow outside the living body.

One of the early triumphs of medical bacteriology was the discovery of the germ that causes typhoid fever. This discovery was made in 1880 by Eberth and furnished a method of distinguishing typhoid fever from a number of other diseases which resembled it so closely in their clinical manifestations as to make differentiation difficult and in many cases impossible.

One of the early by-products of this discovery of the exciting cause of the disease was the allied discovery that after a case of this disease had existed for a rather indefinite time it was possible to distinguish it from certain conditions which resemble it without the troublesome necessity of recovering the living organisms from the blood or the bowel contents.

This discovery was based on a reaction that was later found to be rather general and was named the Agglutination Reaction. In the case of typhoid fever the reaction is called the Widal Reaction, taking its name from its discoverer.

Recovery from any acute infection comes about through the development by the infected body of the power to stop the growth of the invader. If this were not so the invading organism would go on increasing in numbers and kill the host.

Normal blood is a first-rate culture medium for any germ unless it happens to contain a specific substance unfavorable to that germ or a more general unfavorable substance for a class of germs.

When any class of animals has been long exposed to infection by any particular germ or class of germs it stands to reason that the more susceptible members of the invaded race will have died off and that the race as it exists is made up of descendants of a long line of individuals who have either inherited or developed a certain degree of resistance to the invaders. Now this resistance is in some cases easily detectable in the blood or other body fluids.

In the case of typhoid fever it was found that after the disease had existed long enough for the body to have developed some resistance, the blood serum of the patient exerted a peculiar influence on artificial cultures of the typhoid germ. Ordinarily in a broth culture of typhoid germs, the individual germs swim around very vigorously.

If to this little aquarium be added some of the blood of the patient suffering from the disease the individual germs lose their motility and gather themselves into larger or smaller clumps. In other words, they agglutinate or stick together. This phenomenon may be observed under the microscope and is the familiar "blood test" for typhoid fever.

BUREAU OF DIAGNOSTIC LABORATORIES

The degree of resistance differs in different cases but in a majority of cases of typhoid fever, the reaction will be positive about ten days after the onset. Some patients have more resistance than others. A few do not show the reaction at all.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF DECEMBER, 1931

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2452	959	32	189	258	3890
Diphtheria	1096	771	88	390	58	2403
Typhoid	387	169	22	25	69	672
Malaria	368	189	34	36	20	647
Rabies	16	4		2		22
Tuberculosis	146	69	6	48	10	279
Gonorrhea	558	234	46	159	20	1017
Kahn	3873	1411	126	868	68	6346
Water		34		168	1	203
Milk	361	564	163	647	54	1789
Miscellaneous	165	11	14	160	3	353
	<u>9422</u>	<u>4415</u>	<u>531</u>	<u>2692</u>	<u>561</u>	<u>17621</u>

Specimen Containers Distributed 8693

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	96 Packages
	5,000 units	15 Packages
Toxin Antitoxin.....		5,367 C. C.
Schick.....		4,010 Tests
Toxoid.....		1,536 C. C.
Tetanus Antitoxin.....	20,000 units	2 Packages
	10,000 units	5 Packages
	1,500 units	7 Packages
Typhoid Vaccine.....		661 Treatments
Vaccine Virus.....	10's	1,520 Capillaries
Anaerobic Virus.....	100's	1 Package
Antimeningococcus Serum.....		7 Cylinders
Antirabic Virus.....		51 Packages
Carbon Tetrachloride.....		1,221 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****GERM CARRIERS**

The above term is popularly used to describe persons who harbor in their bodies and discharge from time to time organisms, germs, bacteria or some unknown virus capable of producing a specific disease upon entering the body of a susceptible person. Most carriers are permanently immune to the infection which they harbor but there are probably some whose immunity is temporary. There is yet much to be learned about carriers of and immunity to certain infections and research along this line is continually broadening out knowledge.

Typhoid Mary who, a number of years ago was found to be a carrier of virulent typhoid germs, furnishes a classical example and shows what great harm an unrecognized and careless carrier can do. Mary was a cook. She would find employment in a private home and if members of the family became ill of typhoid, which they usually did within a few weeks after her arrival in the household, her judgment told her to move on in order to avoid getting typhoid herself, and thus she infected family after family before the fact that she herself was the disseminator came to light and the long trail of illness and death terminated by isolation of the innocent, though dangerous carrier. A typhoid carrier does not develop typhoid fever, though he may have had it and the carrier state often dates from an attack. Many carriers give no history of any sickness resembling typhoid. This carrier state may persist for a few weeks or months or through the life of the carrier. It seems to have been ended in some instances by removal of the gall bladder but this operation is a major one and the possibility of failure makes it of questionable value. Typhoid carriers are very dangerous persons if they are in the dairy business or handle food that is to be eaten by others without being cooked. They are particularly dangerous if they are careless and neglect to wash their hands thoroughly after going to the toilet. It is for this reason that they are not permitted to work in dairies, milk stations, restaurants or any food handling establishment and the owners of such establishments will cooperate with health authorities if they understand the dangers to the public. They readily appreciate too the ruinous effect on their business of an epidemic among their patrons traceable to a carrier among the employees.

Typhoid carriers are recognized by finding typhoid germs upon examination of the stool. This is a somewhat complicated procedure and must be repeated many times because the organisms are often discharged intermittently with long intervening periods during which they cannot be found.

Diphtheria carriers are found with much greater ease and frequency. The organisms are localized in the throat and nose, often

BUREAU OF COMMUNICABLE DISEASES

buried deeply in the crypts of the tonsils; the laboratory test is relatively simple and in the majority of instances the carrier state lasts for but a few weeks. If more persistent it can be terminated by removal of offending tonsils and persistent carriers usually have tonsils so badly diseased that their removal would be desirable regardless of the carrier state. Until the germs have disappeared or been tested and found to be non-virulent, the carrier should be kept in isolation just the same as an actual case.

Carriers of the meningitis germ and the virus of infantile paralysis have been recognized. The former are sometimes fairly numerous but for some reason do not often transmit the infection. Infantile paralysis carriers are detected only with the greatest difficulty and transmit the infection so rarely that, with our present knowledge and facilities, there is little to be done about them.

Other than measures mentioned above, there is little or nothing of real value for terminating the carrier state. The carrier is not in danger and the chief care should be to prevent such contacts as will endanger others. To this end there are four important measures: (1) Avoiding the common drinking cup or direct contact of the mouth to the outlet of the so-called sanitary drinking fountain. (2) Covering the nose and mouth with a handkerchief or the hand when coughing or sneezing and avoiding persons who neglect to do so. (3) Keeping everything out of the mouth that does not belong there. (4) Washing the hands thoroughly with soap and water before eating.

Mild, Unrecognized Cases

For smallpox and measles, no known carrier state exists. These diseases are spread during the early stages or by persons who have them in so mild a form as to be unrecognized. Of practically all these so-called self limited diseases there occur cases so mild or so unlike the common run of cases, that even an expert is likely to have difficulty in recognizing them. Consequently, whenever any child or adult is ill and there is any suspicion of a communicable disease, the patient should be separated from others, a physician called and great care taken to prevent spread of dangerous infection.

NOTELETS

Deaths from malaria in the state for the first eleven months of last year total 185 as compared with a total of 317 for the same period of the previous year. This is not only a tremendous reduction in the number of deaths occurring from malaria last year as compared with the previous year but also, from all indications, will

represent the lowest malaria death rate ever recorded in the state of Florida.

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BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

NOTELETS

ANNUAL ROUNDUP of delayed birth and death certificates for the year 1931 just ended is one of the most important duties now facing each local registrar.

Every local registrar is confronted with keen competition and a real responsibility. 500 other local registrars in Florida are striving to reach the top with a 100% registration of births and deaths in their districts.

This annual roundup to register every birth and death that occurred in your district last year which has not already been recorded is of paramount importance and calls for quick and effective action.

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Original records now in the permanent files of the State Board of Health, carefully indexed and available for ready reference, total 887,932. The oldest record on file is a birth certificate dated 1865. The total number of original birth records is 492,903; the total number of death records 297,596. The oldest death record is dated 1877. Marriage and divorce records were centralized in the mid-year of 1927 and since that date, 78,336 original marriage licenses have been filed and a total of 18,797 divorce records.

MONTHLY REPORT — CERTAIN DISEASES

The following tables indicate the number of deaths from certain diseases by months, for 1931 as compared with the previous year.

TYPHOID DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1931*	6	12	6	6	6	12	15	8	7	3	4	85		
1930	10	5	5	3	6	8	6	8	9	4	4	68	4	72

MALARIA DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1931*	11	6	10	16	18	16	21	19	26	21	21	185		
1930	17	15	10	19	16	24	45	50	47	49	25	317	15	332

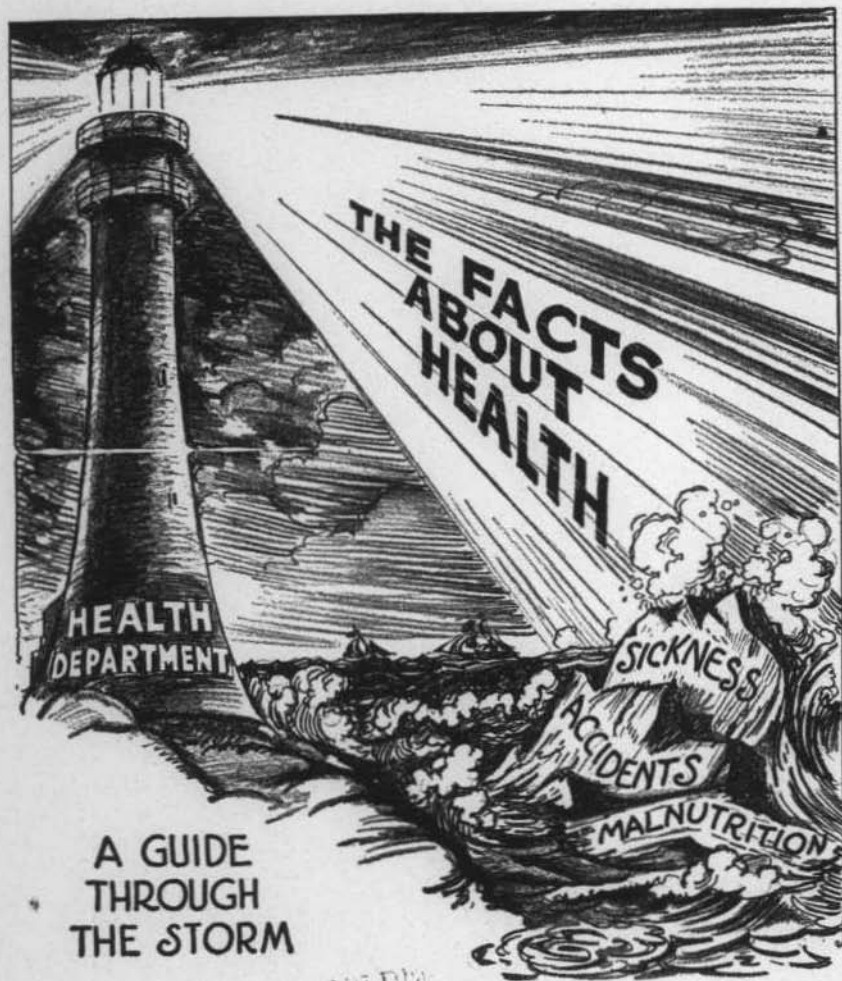
DIPHTHERIA DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1931*	8	6	9	2	0	3	1	3	5	16	12	65		
1930	7	7	4	3	3	5	2	3	3	12	19	68	11	79

TUBERCULOSIS DEATHS

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Total	Dec.	Total
1931*	85	101	87	102	83	93	92	82	82	83	81	971		
1930	85	89	101	96	94	74	89	73	66	88	81	936	79	1015

* Provisional Figures



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FLORIDA



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Edited by

STEWART G. THOMPSON, D. P. H., Member
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Henry Hanson, M. D., State Health Officer

RESTRICTIONS

When the State Board of Health places restrictions on an industry it does so for the purpose of protecting the industry as well as the public. When people get the impression that a milk plant, a dairy or an oyster plant is responsible for the spread of a communicable disease, they immediately refuse to buy from the suspected dealer. Sometimes this is a just discrimination and again it may not be. If its operation is temporarily stopped and the sanitary conditions investigated the Health Department will be in position to assure the patrons of the facts involved, and the health of the public will be safeguarded as well as the future of the business.

If some food handling institution has sickness among its employees or among the patrons it is the duty of the Health Department to determine the nature of the illness and the possibility of spread to others. As soon as the true information has been obtained both the public and the business can be assured of protection, in the future, after the proper corrective measures have been instituted. In the case of typhoid fever it has often been found that it can be traced to some one who is now in apparently good health, but who has had typhoid either recently or years ago, and as a result has become a "carrier." If such a person is engaged in the handling of food which is eaten uncooked, or cooked food after it has cooled, he may contaminate it sufficiently to infect some nonimmune person who partakes of it. Theoretically it is possible for him to sterilize his hands sufficiently to avoid being a menace to others, but as a rule he does not always take the necessary precautions to avoid being infectious. Some of the people who eat this food, be it milk, oysters, or other ingredient, become sick, while those who eat food handled by persons who are not carriers will remain well even though equally susceptible to the same infection.

It is sometimes very difficult to prove an individual to be a carrier, because he may be what is known as an "intermittent carrier", i. e., some days he may excrete the germs and then have many days when they (the fever germs) can not be found by ordinary laboratory methods. The typhoid carrier sometimes excretes typhoid bacilli only during an attack of diarrhea or at a time when his bowels are loose and watery. In Montreal at the last meeting of the American Public Health Association, a case of this kind was reported from Massachusetts. A milker had worked in several dairies, in different states and finally returned to Massachusetts in his original capacity. He had been examined repeatedly and found "negative" as a carrier, but some time after being employed cases of typhoid began appearing among the patrons of the dairy. On investigation it was found that this milker had had an intestinal disturbance and during the attack was examined and found to be a carrier. As soon as this man was removed

ADMINISTRATION

as a milk handler and the dairy cleaned up the typhoid outbreak stopped as abruptly as it began. The Health Department was able to assure the people that they could continue taking milk from the same dairy without danger of contracting the fever.

We should not become "stampeded" by rumors, regarding dairies, foodhandling plants or more particularly become unduly prejudiced against some oyster plant. Write to the State or City Health Department for accurate information. The Health Department is interested in protecting business as well as the health of the people. Health and good business are effective partners.

MAY DAY

When a project comes up which has been the special duty of the head of a Bureau or Department one realizes that all vacancies are not easily filled. Dr. Lucile Spire Blachly was our May Day Chairman, but owing to the temporary suspension of the Bureau of Child Hygiene and Public Health Nursing she is no longer with us. It is time to begin making plans and the County May Day Chairman in each County should make plans for appropriate observance of the day which has been set by Presidential Decree as the National Child Health Day. County groups, or smaller groups should convene to plan a stock taking of the needs of the community for preservation of health. In this stock taking the preschool child should receive first consideration. Have you protected your children against the danger of contracting diphtheria? Have you protected your children against the danger of typhoid? Are you safeguarding them against tuberculosis? Are you in the rural communities protecting them against malaria? Have you screened (mosquito-proofed) your house? Are you protecting them against the danger of intestinal parasites—*Ascaris* (round worms or "stomach worms"), hookworms, etc.? You can protect your children against hookworm disease for an expenditure of from six to fifteen dollars. Write to our Bureau of Engineering for information. Are you having your children examined? Your family physician or your dentist can save you a lot of trouble and unhappiness by correcting defects while they are of a minor nature and avoid more serious trouble which will come if you fail to take the "stitch in time which saves nine." The local May Day Chairman can write to the State Board of Health for literature and general information which should be stressed on National Child Health Day.

ADMINISTRATION

LIBRARY

Physicians and others who need references and information on medical topics (the term is used in the broad sense) are advised that good progress is being made by the Librarian of the State Board of Health in cataloging the books and periodicals in the library, and we will soon be able to furnish the information needed. Even at present many requests have been met. Our library service is available to all citizens of the State, but the material available is mostly for those engaged in public health, medicine and surgery. The Rockefeller Foundation is especially interested and has aided in making the library service available. The service is yours for the asking. Any one who feels he would like to make a donation in the way of subscriptions to special periodicals, or in other form, may now do so as arrangements have been made to take care of such contributions. Some physicians have suggested contributing a dollar a month during the present period of the State's financial difficulties. This would be a very great help.

The library acknowledges with thanks the gift of magazines and pamphlets from the Florida Tuberculosis and Health Association.

NOTELETS

Make Child Health Day a milestone of progress instead of a hitching-post for self-laudation.—Ohio Health News.

* * *

Necessity may truly be called the mother of invention for not long ago a patient recovering from paralysis needed exercise to coordinate the muscles of his hands and arms. An exercise board was devised. It consists of a plain board 30 inches long and 7 inches wide with a shelf 36 inches long. It is fastened to a bed or table with iron clamps or wooden hand screws. Articles for exercise, such as screen door spring, bird's cage spring, sash lock, cupboard latch, barrel bolt, drawer pull, snap switch are attached. These may be obtained at any hardware store, an article in Hygeia explains.

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* * *

Mental hygiene is vastly important in the proper development of a normal individual. Compulsion neurosis is a sense of guilt and fear acquired in childhood connected with some feeling of having to do something in expiation of the fancied source of the sense of guilt. Reassurance and interest in other things is a cure if the compulsion is not severe. In severe cases an understanding of the cause of the condition is necessary, the Question and Answer department of Hygeia informs a reader.

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****MOSQUITOES AND MALARIA**

The year 1931 is outstanding in that it will show a very low malaria death rate in Florida.

Mosquito Control? Malaria Control?

No! Dry Weather.

As this is being written mosquito infestations are reported from all directions.

Most mosquito control literature with which most of us are familiar used the term "Mosquito season" which is more or less inapplicable to present conditions. There has been a certain limiting factor in mosquito breeding this winter but it has been a shortage of water and not the usual low temperature control. With normal rainfall and temperatures as have been encountered this season there would have been a continuous heavy influx of mosquitoes throughout the months of December, January and February which are commonly supposed to be a closed season for mosquito breeding.

There will be a very noticeable reward in the absence of mosquitoes and malaria for those who have continued mosquito control through the past season up to date. Heavy breeding will not be the result of the first spring shower.

To those who have neglected these precautions in an "economy" drive for popular favor or through neglect, there is waiting a boom-rang which is the usual reward when public health "economy" is carried too far.

Throughout the State during the past three months inspections of likely breeding places for mosquitoes have invariably resulted in finding a continuous production. The result of this condition will be that numbers of mosquitoes this spring will approximate that of usual summer emergence, under favorable moisture conditions, the normal malaria season will be advanced and lengthened with a resulting increase of the disease with its attendant loss of time, suffering and death.

As an individual measure every home should be screened. Those already screened should be checked over carefully and defective screens and sagging doors repaired.

The complete treatment of every case of malaria should be insisted upon in order to break that part of the cycle of transmission from human to mosquito. This is particularly important in parts of our State where malaria is relatively new and *Anopheles* mosquitoes very numerous.

BUREAU OF ENGINEERING

But—wherever possible, for comfort, economy, health and a hundred and one other reasons get behind your mosquito-control program now and push it with a bang and remember to "Keep Everlastingly At It."

Attendance at the 10th Annual Meeting of the Florida Anti-Mosquito Association, Fort Harrison Hotel, Clearwater, March 14th and 15th, will recharge your system with the enthusiasm, education and courage essential to success.

CHANGE IN WATER WORKS PROGRAM

A very important change has been made in the program of the Water Works meeting at St. Petersburg in March.

The regular Short School will not be conducted as in years past so the dates have been changed to March 16, 17 and 18, excluding the 15th as first announced.

In place of the Short School there will be a pre-convention meeting and round table discussion beginning at 2 P. M., and continuing through the afternoon and evening of March 16th.

Such subjects will be taken up as indicated by the following:

"Iron Removal."

"Ferrous Sulphate as a Coagulant."

"Operating Problems for Small Waterworks Operators."

"Rates."

"Boiler Feed Water Treatment."

"Easy Method for Determining Phenola."

Additional material will be presented according to requests made before or during the meeting. Professor A. P. Black, Department of Chemistry, University of Florida, the "Commander-in-Chief" of the former Short Courses on Water Treatment, will be present to lead in the discussion.

There will be no registration fee for the round table.

NOTELETS

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Pure oxygen, except under pressure, is not harmful to the human body. Those experimenters who are engaged in energy metabolism studies, in which oxygen with little air is consumed for a period of from ten to fifteen minutes, will welcome this opinion of a doctor writing for Hygeia.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****PROGRESS**

You have recently had your attention called to the fact that George Washington was born two hundred years ago. Two hundred years is a short time compared to the life of the earth and of the human race, but the two hundred years under consideration have witnessed great changes in the way in which human beings live.

Suppose that when George Washington was born an ancestor of yours had put a sum equal to one hundred (\$100.00) dollars of our money at interest at the rate of 6 per cent to be compounded annually. Would you be willing to accept that accumulation of money now if you had to live as George Washington lived?

One hundred dollars at 6 per cent compounded annually from February 22nd, 1732 to February 22nd, 1932 would amount to something more than \$10,000,000. Would you accept such a fortune with the condition of having to live as George Washington, one of the richest men of his day, was obliged to live?

Travel was by stage-coach and on horse-back. Freight was hauled for the most part by ox-team. Communication was slow and uncertain, there being at that time no regular postal service.

Illumination was by candle, the kerosene lamps of our grandparents not having been invented for many years.

The matter of diet was greatly different. There were of course no canned foods. The only way they had of preserving fruits and berries was by cooking them in strong sugar solutions and sugar was less plentiful by far than today.

Salt meat and coarse vegetables that would keep over the winter were depended on for staples. During long winters one did not have to go to sea to get scurvy.

Surgical operations were done without anesthetics of course and there was no such thing as antisepsis. Medication was of the crudest and "bleeding" was resorted to for conditions in which we know such a practice would be highly deleterious.

Few people realize how very modern are some of the things on which we are most dependant for comfort. Take for example, the matter of dentistry. It is recorded that for false teeth, the best George Washington could do was a set of teeth carved out of solid ivory. These of course could never be made to fit as well as the cheapest modern "plate" and it is further recorded that such a set of teeth after being worn in the mouth for a while, developed an exceedingly offensive odor. Poor George.

BUREAU OF DIAGNOSTIC LABORATORIES

If you had ten million dollars today and had to live as George Washington did, you would be as unhappy as though you had been marooned on a desert island with all that money. It would not be long before you would be glad to give the whole fortune for a square meal.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
JANUARY, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2355	656	35	158	138	3342
Diphtheria	1508	1448	41	644	27	3668
Malaria	401	156	20	30	97	704
Typhoid	395	186	17	22	30	650
Rabies	11	7		2		20
Tuberculosis	190	91	9	48	5	343
Gonorrhea	611	199	39	146	33	1028
Kahn	4068	1606	138	891	106	6809
Water		38		188	38	264
Milk	384	374	197	889	97	1941
Miscellaneous	773	21	3	139	17	953
	10696	4782	499	3157	588	19722

Specimen Containers Distributed 8666

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	95 Packages
	5,000 units	40 Packages
Toxin Antitoxin.....		13434 C. C.
Schick.....		6250 Tests
Toxoid.....		1594 C. C.
Tetanus Antitoxin.....	1,500 units	3 Packages
Typhoid Vaccine.....		4213 Treatments
Vaccine Virus.....	10's	1640 Capillaries
Anerobic Virus.....	100's	5 Packages
Antirabic Virus.....		37 Treatments
Carbon Tetrachloride.....		2835 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

IT CANNOT BE DONE

The only trouble with the job of "keeping up with the Joneses" is that there are too many of them. Just to illustrate: if one Jones family has four expensive cars and a liveried chauffeur for each, another has a summer home in the north, a third has a yacht, a fourth an airplane and still another keeps a hunting lodge with plenty of horses and dogs, it is very evident that the average family cannot keep up with one Jones family, to say nothing of all the others.

Health Fads

Now when it comes to matters of health there are about as many systems, cures, cults, therapies, isms and systems of diet as there are individuals in the tribe of Jones.

What can Mr. Average Man do, to whom can he turn for dependable advice, how shall he separate the wheat from the chaff? It is all so complicated and yet so simple. There are several sources of authentic information. The government of the United States in its various scientific bureaus, maintains a large corps of highly trained scientists whose duty it is to study every phase of public and personal health, determine, so far as possible, the causes of illness and the best measures for preserving and restoring the health of individuals and of the entire population. For many years our fund of information has grown as the result of these studies. But for the labors of governmental agencies we might still be without knowledge of the cause and prevention of malaria, yellow fever, pellagra and numerous other scourges. The list is a long one. Each state has similar groups of scientists who seek to keep informed as to all new discoveries pertaining to health. Colleges, universities and commercial concerns are also conducting research along similar lines. The other nations of the earth are equally interested with our own in the discoveries we make, in making discoveries for themselves and in finding profitable application for this constantly increasing fund of knowledge.

Strange Notions

Dealing as they do with minute germs, individual viruses and evasive toxins, food factors, vitamins, ferments, hormones et cetera, it would be strange indeed if research workers should never err but the thinking public must know from what has just been said that they are all subject to check and double check, that they are aware of this and that their ambition is to discover truth, to avoid error and ridicule and to make some contribution that will justify their efforts and bring them honor.

Now the point we wish to make is this, that one cannot afford to adopt for his own the unscientific, ill-founded, and unproved theories of

BUREAU OF COMMUNICABLE DISEASES

any individual who, after all, may have no selfish motive. The most logical course for one in doubt as to any health measure would be to study and gain the clearest possible understanding of its merits, learn what the best authorities have to say about it and then let the decision rest on his best judgment.

To say that there is no such thing as a disease producing germ, that some patent food will cure this or that, to claim that all ills are imaginary or that the mind has nothing to do with any illness is ridiculous. Let us seek the truth at all times, adopt ideas, habits and protective measures that are of recognized value, eat the foods provided by nature, recommended by the doctor and the dieticians, use drugs of proven merit when they are needed, avoid unnecessary contact, direct and indirect with possible sources of disease; exercise and rest rationally, entertain no erratic ideas, keep a clear conscience and have faith in the purpose, the intelligence and integrity of the scientific people who, often at the risk of their lives, seek to discover new truths, to prevent the spread of disease and to promote good health. You cannot keep up with all the Joneses.

NO DIPHTHERIA

If every child between the ages of six months and one year could be given two injections of diphtheria toxoid by the family physician, the incidence of diphtheria would be minimized. The responsibility for this protection is divided between the parents, the medical profession and the health authorities but rests most heavily on the parents. The medical profession should be in position to advise the parents in reference to the method of administering the toxoid, the reaction to be expected and the value of the protection afforded. The health authorities should promote the immunizing program, have information available and conduct a campaign of education, the purpose of which should be to keep the public and the profession informed as to the latest developments in disease control.

LESS TUBERCULOSIS

Among the communicable diseases tuberculosis is one in which the period of incubation is particularly long. For this reason it was long supposed to be hereditary and not contagious. We have heard much too about houses in which one person after another developed tuberculosis and died and there was supposed to be something about the house that brought this about. We know now that tuberculosis is transmitted from person to person much the same as smallpox and it can be prevented by proper segregation of patients and disposal of infectious discharges. It is particularly hazardous to permit children to associate with and play about the room of a patient with active tuberculosis. The patient himself can do much to prevent dangerous contact by covering his nose and mouth when he coughs, collecting the sputum in a proper receptacle and observing strict cleanliness.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

MARRIAGES, DIVORCES AND ANNULMENTS



A total of 17,336 marriages were performed in Florida during the calendar year 1931. This is a slight increase over the previous year. The marriage rate for last year per 1,000 population was 11.5. Of the marriages performed last year, 11,371 were white, 5,384 colored and 581 not specified. During the year, there were 3,589 dissolutions, 26 being by annulments and 3,563 divorces granted. The number of divorces granted for the previous year totaled 3,632. Divorces granted for last year were reduced by 69 over the previous year. In 1931, for Florida, there were 4.9 marriages for each divorce reported.

The greatest number of marriages performed in any one year in this state was for the calendar year 1926 when a total of 28,446 marriages were recorded. The enormous influx of population during that year largely accounts for the unusually high figure. The tabulation accompanying this article showing a four year comparison is a better representation of our normal population. In the August, 1929 issue of Health Notes, under the caption "Marriages To Date", will be found a review of tabulations relative to the number of marriages performed in Florida where information could be obtained for previous years.

Marriages Performed, Divorces and Annulments Granted,
Florida, 1927-1930.

YEARS	MARRIAGES	DIVORCES	ANNULMENTS
1930	17,147	3,632	21
1929	18,198	3,773	20
1928	18,032	3,516	19
1927	18,602	3,965	17

During the calendar year 1930, there were 1,128,180 marriages performed in the United States as compared with 1,232,559 for the previous year. These figures represent a decrease of 8.5%. There was, however, an increase of 4.2% from 1928 to 1929 in the number of marriages performed in the United States. The marriage rate in the United States per 1,000 population for the calendar year 1930 was 9.2 as compared with a rate of 10.1 for the previous year. The highest recorded marriage rate in 1930 for any one state was Nevada with a rate of 67.0; New Mexico second with a rate of 20.5. The lowest rate was 4.6 in North Carolina and the second lowest 4.7 in Delaware. In 1930 for the United States as a whole, 5.9

BUREAU OF VITAL STATISTICS

marriages for each divorce were reported as compared with 6.1 for the previous year. The District of Columbia and New York state, each having but one cause for divorce, reported 57.5 and 24.5 respectively while the rates in the other states ranged from 12.9 marriages to each divorce in Georgia to 2.3 marriages to each divorce in Nevada. In the United States as a whole in 1930 there were 1.56 divorces granted per 1,000 population as compared with 1.66 for the previous year.

NOTELETS

Local Registrar for the Trenton district, Mr. H. E. Harlee, encloses a little booklet giving reasons for filing birth and death certificates when mailing out notices to tax payers. This is a commendable service and other local registrars are urged to follow this good example. The little booklets may be secured from the State Board of Health in Jacksonville.

* * *

Laxatives sometimes have been represented as headache remedies. Only those headaches that are due to digestive disorders may be relieved in this way. There are numerous causes of headaches, and the buyer should realize that he is getting a laxative and not a headache cure, Dr. Solon R. Barber warns Hygeia readers.

* * *

Among the services rendered by the State Board of Health to citizens of Florida is the issuance of certified copies of original records. Last year, a total of 7,700 certified copies of original records were issued, free of charge.

* * *

Children put things in their mouths by instinct, because that is the way they learn the size, shape and roughness of an object, and by imitation, because what mother and dad do they believe to be correct. If mother places coins or pins in her mouth and if dad chews on a piece of wood or a toothpick, they are setting a bad example, an article in Hygeia by Dr. Mervin C. Myerson suggests.

The annual meeting of the Florida State Conference of Social Work will be held at Tallahassee, April 10-13, 1932.

* * *

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* * *

Improvement in maternal and infant hygiene depends on cooperation between the individual prospective mother and her own doctor, Hygeia believes. A government subsidy for maternal hygiene, as exemplified by the Shepard-Towner Maternity and Infancy Act, did not accomplish its purpose. Such subsidies tend to destroy a local sense of responsibility for health activities and they promote wastefulness. New subsidies for similar purposes are now before Congress. The editor of Hygeia believes that further federal experiments in this field will be failures and will place upon the people too heavy a burden of taxation.

* * *

The annual meeting of the American Public Health Association will be held October 24 to 27, in Washington, D. C.

* * *

The primary duty of a doctor is to prolong life. His second purpose is to assuage pain; another is to prevent a warped personality from growing out of mental suffering. These three duties of the doctor are sufficient evidence to justify his existence, Dr. Bernard Fantus maintains in Hygeia.

BUREAU OF VITAL STATISTICS

Marriages Performed, (by Color) Divorces and Annulments Granted,
by Counties—1931

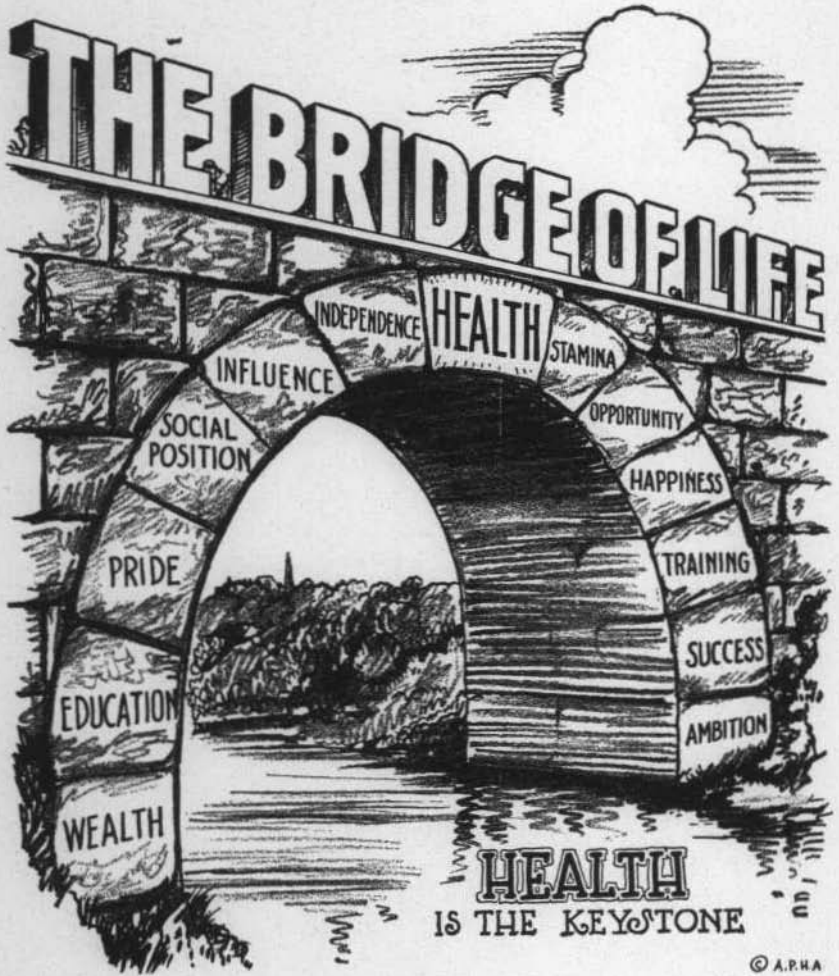
COUNTIES	MARRIAGES				DISSOLUTIONS	
	Total	White	Colored	Unknown	Divorces	Annulments
0. State.....	17,336	11,371	5,384	581	3,563	26
1. Alachua.....	376	134	241	1	43	0
2. Baker.....	250	232	15	3	9	0
3. Bay.....	151	97	53	1	11	0
4. Bradford.....	134	102	32	0	19	0
5. Brevard.....	133	75	58	0	34	0
6. Broward.....	725	579	146	0	26	0
7. Calhoun.....	77	56	18	3	11	0
55. Charlotte.....	77	56	21	0	15	0
8. Citrus.....	103	77	26	0	13	0
9. Clay.....	160	132	28	0	7	0
62. Collier.....	32	20	12	0	3	0
10. Columbia.....	185	115	70	0	26	0
11. Dade.....	1,163	854	308	1	519	3
12. DeSoto.....	113	84	27	2	17	0
56. Dixie.....	* 99	2	0	97	19	0
13. Duval.....	1,451	902	549	0	616	9
14. Escambia.....	618	459	157	2	154	2
53. Flagler.....	108	68	40	0	9	0
15. Franklin.....	45	28	17	0	5	0
16. Gadsden.....	273	98	173	2	16	0
64. Gilchrist.....	63	40	18	5	0	0
57. Glades.....	65	14	51	0	1	0
65. Gulf.....	35	31	4	0	1	0
17. Hamilton.....	186	140	45	1	14	0
58. Hardee.....	147	130	16	1	31	0
63. Hendry.....	27	15	12	0	3	0
18. Hernando.....	110	89	21	0	9	0
59. Highlands.....	125	76	49	0	13	1
19. Hillsboro.....	1,565	1,219	344	2	551	0
20. Holmes.....	145	127	18	0	7	0
66. Indian River.....	80	52	28	0	16	0
21. Jackson.....	330	27	123	180	28	1
22. Jefferson.....	183	73	110	0	13	0
23. Lafayette.....	* 56	0	0	56	6	0
24. Lake.....	235	150	84	1	41	0

BUREAU OF VITAL STATISTICS

Marriages Performed, (by Color) Divorces and Annulments Granted,
by Counties—1931 (Continued)

COUNTIES	MARRIAGES				DISSOLUTIONS	
	Total	White	Colored	Unknown	Divorces	Annulments
25. Lee.....	129	95	34	0	44	0
26. Leon.....	274	101	172	1	42	1
27. Levy.....	168	97	71	0	3	0
28. Liberty.....	15	11	4	0	5	0
29. Madison.....	237	133	102	2	13	0
30. Manatee.....	282	188	92	2	13	0
31. Marion.....	286	134	147	5	46	0
67. Martin.....	84	60	24	0	11	0
32. Monroe.....	132	108	24	0	38	2
33. Nassau.....	214	157	57	0	12	0
34. Okaloosa.....	195	167	16	12	6	0
54. Okeechobee.....	57	24	33	0	5	0
35. Orange.....	503	327	175	1	103	1
36. Osceola.....	254	201	53	0	21	0
37. Palm Beach.....	502	290	212	0	97	1
38. Pasco.....	176	149	26	1	25	0
39. Pinellas.....	638	522	115	1	178	0
40. Polk.....	766	548	217	1	196	2
41. Putnam.....	212	96	115	1	30	1
42. St. Johns.....	351	233	118	0	36	0
43. St. Lucie.....	95	63	31	1	15	0
44. Santa Rosa.....	352	290	36	26	8	0
60. Sarasota.....	150	105	45	0	49	0
45. Seminole.....	322	136	185	1	56	0
46. Sumter.....	129	77	51	1	19	0
47. Suwannee.....	207	140	66	1	31	1
48. Taylor.....	* 161	2	0	159	23	0
61. Union.....	75	51	24	0	2	0
49. Volusia.....	367	225	141	1	108	1
50. Wakulla.....	70	47	22	1	5	0
51. Walton.....	141	117	21	3	9	0
52. Washington.....	167	124	41	2	8	0

* Figures from County Judge—original licenses not received.



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

APRIL, 1932

No. 4

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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ANIMAL PARASITES — *Eaton*

COMMUNICABLE DISEASE CONTROL — *Brink*

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Librarian.....	Elizabeth Bohnenberger

DIRECTORS

*550 Local Registrars (County list furnished on request).
 *Registration Inspector..... Anna C. Emmons
 Drug Store Inspector..... M. H. Doss
 Assistant Drug Store Inspector..... Frank S. Castor

LABORATORIES

Jacksonville.....	Pearl Griffith, B. E.
Miami.....	E. R. Powell
Pensacola.....	Johnette McCormick
Tallahassee.....	Estelle Bryan
Tampa.....	H. D. Venters, B. S.

MEDICAL OFFICERS

DeFuniak Springs.....	C. W. McDonald, M. D.
Jacksonville.....	T. E. Morgan, M. D.
Tallahassee.....	H. A. McClure, M. D.
Valrico.....	A. C. Hamblin, M. D.
Vero Beach.....	C. W. Pease, M. D.

TUBERCULOSIS AND EPIDEMIOLOGY

Jacksonville.....	W. A. Claxton, M. D.
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DISTRICT SANITARY OFFICERS

Ft. Myers.....	S. D. Macready
Jacksonville.....	Fred A. Safay
Miami.....	George B. Reed
Ocala.....	C. A. Holloway
Orlando.....	Russell Broughman
Tallahassee.....	C. N. Hobbs
Tampa.....	D. H. Osburn

PUBLIC HEALTH NURSES

Ft. Pierce.....	Annie Gabriel, R. N.
Ruskin.....	Joyce Ely, R. N.
Starke.....	Mary G. Dodd, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

PORTO RICO

We in Florida have had enough storms and floods to make us sympathetic towards our fellow citizens in Porto Rico.

Former Governor Roosevelt, the present Governor, James R. Beverly and Captain Frank Hawks are appealing for a continuing aid to Porto Rico. Health Notes is glad to do its bit by publishing a statement of the island's needs.

A most constructive work is being done in Porto Rico, through agencies working on public health and through the feeding of the hungry children. In the two years the work has been in progress, the child mortality has been reduced approximately 30%.

The economic conditions are said to be worse than in any other part of our country, two-thirds of the bread winners being out of work, and the wages averaging only forty-five cents a day when they have work. This means that close to two-thirds of the people are hungry much of the time, and a very large portion of them diseased. One out of eight has malaria, and two out of five have hookworm, or some kindred intestinal disorder. This makes them prey to the more serious diseases such as anemia and tuberculosis.

An officially approved organization, The Porto Rico Child Feeding Committee, is receiving contributions with which to purchase food for children who get practically nothing at home but coffee. The public schools do the actual feeding, and in that way ten dollars purchases the food to give a child a meal every school day through the ten months of the school year. Contributions in this state may be sent to the Atlantic National Bank in Jacksonville. A State Committee sponsors the appeal including Governor Carlton, Senator Fletcher, Senator Trammell, Mrs. Ruth Bryan Owen and others.

The American Child Health Association, the National Tuberculosis Association, the Rockefeller Institute and other agencies are working on a cooperative effort to combat the tropical diseases and spread health education.

Most of the island is rural and has had little knowledge of sanitation and hygiene. It is expected that this joint program will continue for another four years, and it is hoped that the island will be fairly on its feet and much better able to take care of its own problems after that time.

While the feeding and health work are being done, the Government is also making every effort toward improvements, by building roads, erecting necessary public buildings, improving agricultural methods, and attempting to attract industries.

ADMINISTRATION

A MAJOR HEALTH PROBLEM

The State Board of Health for some time has recognized venereal disease as one of the most serious health hazards of the State. Until the last few years it has been a topic more or less "non grata" and there has been a repressive attitude in bringing the subject up for discussion.

The Health News release of the United States Public Health Service for March contains the following paragraphs:

"A report of considerable interest recently submitted to Congress by Surgeon General H. S. Cumming deals with the prevention and control of the venereal diseases. During the fiscal year recently ended, the State Health Officers of 43 states reported to the Public Health Service slightly more than a quarter of a million cases of syphilis and more than 150,000 cases of gonorrhea. These diseases as a class continued to exceed the number of cases reported during the year of any other single communicable disease with the exception of measles.

"Increasing importance is being attached to the early diagnosis and treatment of syphilis. The possibility of extending to rural and remote districts the advantages to be derived from early diagnosis by means of microscopic examination were studied and one method was worked out. This method has been tested by other observers and at present is in operation by one state health department and is under consideration by others.

"A special study of syphilis among negroes in rural areas in co-operation with State and local health authorities, inaugurated in 1929 with the financial assistance of the Julius Rosenwald Fund, was extended to include areas in five other states. A total of 28,195 negroes were serologically tested, and of this number 5,785, or 20.5 per cent. were found syphilitic on the primary survey. Of these positive cases, approximately 75 per cent. were placed on intravenous medication, and at the close of the year 45 per cent. of them had received treatment in amount considered sufficient to render them noninfectious. It is unfortunate that the methods used cannot be applied to all classes of population."

During the month of March Dr. Valeria H. Parker has given a series of her illuminating lectures on the subject and has illustrated and supplemented her talk by movie films.

It is hoped that a fund may be provided the Florida State Board of Health to make possible the establishment of study and treatment clinics for the infected poor who do not have the means to obtain the services of a private practitioner. Such clinics would be an important means of preventing the infection of many of the unsuspecting associates of the unfortunate sick with this disease.

ADMINISTRATION

NOTELETS

A clerk has been added to the skeleton organization retained in the Bureau of Child Hygiene, to assist in the licensing and registration of midwives. This new employee will also make it possible to continue sending the maternity letters.

* * *

Perspiration is often obstinate in yielding to treatment, which must be

carried out persistently. The parts should be washed twice a day with soap and warm water, dried thoroughly, then sponged liberally with a solution of potassium permanganate in water (1 part in 2,500) and, when dry, dusted with powdered boric acid. Light weight underwear should be worn and changed daily, Hygeia informs an inquirer.

LIBRARY

Elizabeth Bohnenberger, Librarian

LIBRARY BOOKS AND NOTES

"Patients without books and journals were a chartless sea."

The above assertion of faith in libraries is quoted of Sir William Osler, in an article by Stewart R. Roberts, who also adds of Osler "his daily round was from patient to laboratory to library."

Organization of the State Board of Health Library is progressing rapidly, and the valuable collection of books and periodicals is now in fair working order. A gift of reprints from the International Health Division of the Rockefeller Foundation brings to the library new and authoritative material on malaria, yellow fever, and records of various health problems of especial interest to Florida.

New Books

"Public Health Organization."

"Communicable Disease Control."

(White House conference on child health and protection, Section 2 N. Y., Century, 1932.)

These two volumes constitute an invaluable report of the state of control of the child's health in America. The first volume treats the subject from a purely administrative viewpoint. The keynote of the work is "organization" and the entire volume is devoted to scope and organization, rural and county health administration, plans of administration, local health service, public health personnel, research and health aspects of food control.

The second volume carries the work of the Conference into the field of actual control of diseases among children. A wealth of statistics is offered, showing the number of deaths among children, cases by age groups, procedures recommended for the control of individual diseases. There is a chapter on general findings in a few sickness surveys. The United States Public Health Service also has compiled complete tabulations for general trends in health covering the years 1919-1928.

LIBRARY

A. M. A. Journals needed to complete file:

- 1918: February 2; September 28; October 12, 26; November 30.
- 1919: January 7, 14, 21, 28; February 4, 11, 18, 25; March 8, 15, 22, 29; April 5, 19; May 3, 10, 24; June 21, 28; July 5, 12, 19, 26; August 2, 9, 16, 23; September 6, 13, 20, 27; October 11, 25; November 15, 22, 29; December 6, 13.
- 1920: January 3, 10, 17; February 14; June 12; July 17.
- 1921: January 1, 8, 15, 22, 29; February 5, 19, 26; March 5, 12, 19, 26; April 2, 9, 16, 23, 30; May 28; June 4, 11, 18; July 2, 30; August 6, 13, 27; September 3, 10, 24; November 12, 19.
- 1922: January 7, 28; February 25; March 4, 18, 25; April 1, 8, 15, 22, 29; May 6, 20, 27; June 3; September 9.
- 1923: June 2.
- 1924: February 2; October 18.
- 1928: October 27.
- 1929: July 13; September 21; December 14, 21, 28.
- 1930: January 4, 11, 18, 25; February 1, 8, 15, 22; March 1, 8, 15, 22; April 5, 12, 19, 26; May 3, 10; October 25.

BUREAU OF ENGINEERING

Louva G. Lenert, Chief Engineer

ANNUAL MEETING

FLORIDA ANTI-MOSQUITO ASSOCIATION

The Tenth Annual Meeting of the Florida Anti-Mosquito Association was held at Clearwater, March 14th and 15th, with headquarters at the Fort Harrison Hotel. This was the first annual meeting to be held in Pinellas County, although a progress meeting was held in St. Petersburg on March 20th, 1923, following the organization of the Association on December 7th, 1922 at Daytona.

An examination of the register indicated that 20 Florida cities had representatives present while the State of Georgia was represented by Mr. L. M. Clarkson, Chief Engineer of the State Board of Health of Georgia; the U. S. Public Health Service was represented by Dr. T. H. D. Griffiths and the U. S. Department of Agriculture had as its representatives Entomologists McNeel and Hull. Moreover, each Mosquito Control District in the State was represented—St. Lucie County

BUREAU OF ENGINEERING

by W. I. Fee and Norman G. Platts; Indian River County by Alex MacWilliam, James T. Vocelle and W. B. Schaffer and Pinellas County by J. N. Hornbaker, V. C. Almond, Harry McCreary and Claude Strickland. The County Health Units of Taylor and Leon had as their representatives the Directors Dr. W. H. Y. Smith, Perry and Dr. L. J. Graves, Tallahassee, with the Inspectors W. E. Penton and Ford Thompson. Representing the Florida Federation of Women's Clubs were Mrs. Wm. Morris Meredith, President of the Clearwater Club, Dr. Grace Whitford, Ozona, Chairman of the Division of Public Welfare of the Federation and Mrs. Vida Lester MacDonell, Jacksonville, Chairman of Public Health. In addition to the above, individual and community delegates were present from many sections of the state.

The program was interesting and varied and with few exceptions was carried out as outlined and covered the problems of Mosquito, Malaria and Sandfly control. Progress reports were presented by the three Mosquito Control Districts and by the Taylor County Health Unit while community programs were also discussed by the delegates.

Among the subjects of interest presented the following might be listed:

Dr. Henry Hanson, State Health Officer, gave a review of early mosquito data gathered by the State Board of Health with a brief reference to malaria and yellow fever history in the state, both before and after the mosquito was proven to be the carrier for both diseases.

The banquet speaker, Dr. T. H. D. Griffiths, Surgeon, U. S. Public Health Service, spoke on the subject, "Mosquitoes Transported by Airplane," this being an address covering the investigation made by Dr. Griffiths during 1931 concerning the possible importance of the aerial transportation of mosquitoes, particularly *Aedes aegypti*. Dr. Griffiths spoke on suggestions as to malaria control in the future, stressing county-wide control.

Dr. F. A. Brink, Director of the Bureau of Communicable Diseases, State Board of Health, discussed "Small Fish in Mosquito Control" and much interest was manifested in his collection of fish which were on display.

"The History of the Association Since Its Inception" was presented by Mrs. Vida Lester MacDonell, Past President. This resume of the accomplishments of the Association was very complete and interesting to the delegates.

The address of President MacWilliam given at the luncheon on the 14th was interesting and enthusiastically presented and gave to the delegates a vivid picture of some of the experiences in Indian River County, as he discussed the matter of mosquito control from the viewpoint of the layman.

BUREAU OF ENGINEERING

Mr. James T. Vocelle, City Attorney of Vero Beach, in a very detailed manner discussed "The Legal Status of Mosquito Control Districts in the State" and gave the Association the benefit of his experience in the formation of the District in Indian River County, the procedure following its creation and the legal obstacles to be encountered in such an undertaking. Mr. Vocelle explained the legislative Act of 1925 relating to the formation, operation and management of Mosquito Control Districts in the State and the need for the passage by the 1929 Legislature of the Act which provides for the creation, organization and administration of the Anti-Mosquito Districts in any county in the State. It was under this latter Act that the Pinellas County District was formed.

Moving pictures of the Pinellas County work and pictures taken of the dusting and oiling demonstrations during the 1931 annual meeting in Perry were shown by Major J. N. Hornbaker, who also gave a report of the work in St. Petersburg.

Owing to the absence of Dr. L. L. Williams, Jr., Washington, who was prevented from being present at the meeting, the paper prepared by him on "Malaria Control Activities of the U. S. Public Health Service", was read by the writer.

Mr. L. M. Clarkson, Chief Engineer of the Georgia State Board of Health, spoke on the early history of malaria, outlining "Georgia's Malaria Problem and the State's Practice of Utilizing County Convict Labor in Mosquito Control Work," reporting that 25 counties in that state are now operating under this plan.

Dr. Mark F. Boyd of the Rockefeller Foundation, Malaria Research Station, Tallahassee, discussing Mr. Clarkson's paper, spoke of the work being carried on in Leon County by the Station and extended an invitation to those interested to visit the laboratory there.

A report of the "Observations on *Mansonia* Mosquitoes in Florida as Conducted by the U. S. Department of Agriculture" was given by T. E. McNeel, Entomologist, who for three years has been stationed at Zellwood where these studies were carried on.

Past President Wm. I. Fee of Fort Pierce offered a complete review of the St. Lucie County District from its formation to the present time when the program has been brought to a successful finish—requiring only maintenance to be effective.

The work being done by the U. S. Department of Agriculture on salt marsh sand flies was explained by Mr. John Hull, Entomologist. This work was started in 1931 with a station established at Charleston, South Carolina. Mr. Hull was detailed to Florida to carry on the investigations here and was stationed at Fort Pierce. Charts and pictures were presented by Mr. Hull showing details of the work.

BUREAU OF ENGINEERING

At the luncheon on the second day Dr. Hanson, State Health Officer, took the time assigned to Dr. L. L. Williams of the U. S. Public Health Service, and spoke on yellow fever and *A. aegypti* control in the Peruvian yellow fever epidemic of 1919-1921. Dr. Hanson defined the house index necessary for the propagation of yellow fever in relation to the ratio of immunes in the population. He also stated that fish were used on a larger scale for mosquito control (*A. aegypti*, or *Stegomyia*), in this campaign than had ever been used in any previous yellow fever control campaign. Dr. Hanson gives full credit for his success in the Peruvian work to the late Ex-President of Peru, Augusto B. Leguia.

An interesting paper on "Notes on a Few Larvicides" prepared by Dr. W. A. Murrill of Gainesville was read by Dr. W. H. Y. Smith because of Dr. Murrill's inability to be present.

The mosquito and malaria control program as being used by the Florida Power Corporation in the impounded waters of Lake Talquin, where they are carrying on a hydro-electric project, was discussed by Mr. K. J. Boyd of that organization.

From the report of the History of the Association we find the following: "The 9th annual meeting found us on April 16th, 1931, back in Perry where the inspiration for all the foregoing was given us." It is interesting, and indeed gratifying, to note that at this, the tenth annual meeting, the town of Perry was represented by five delegates which indicates quite clearly that those good people in Taylor County have truly been inspired and mean to carry on mosquito control work in earnest.

The Association, realizing the need for further legislative power to assist in carrying on the work of mosquito control in the State, voted to add a Legislative Committee to its organization and the following personnel comprise that committee: James T. Vocelle, Vero Beach, Louva G. Lenert, Jacksonville and W. I. Fee, Fort Pierce.

Upon the recommendation of the Nominating Committee, composed of C. A. Donnelly, Palm Beach, L. J. Graves, Tallahassee and Fred A. Safay, Jacksonville, the office of second vice-president was added.

The following officers were elected for the ensuing year:

President.....	Alex MacWilliam, Vero Beach
First Vice-President.....	Jos. N. Hornbaker, St. Petersburg
Second Vice-President.....	C. L. Brandon, Perry
Secretary-Treasurer.....	Lena W. Starck, Jacksonville

Upon an invitation from West Palm Beach that place was selected for the 1933 meeting.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****WANTED****BETTER COMMUNICABLE DISEASE CONTROL**

Florida has a population, in round numbers, of a million and a half. Three large cities and three counties have full time health departments, a number of other cities and counties have health services that are satisfactory. In all, some 500,000 people are protected by local health service exclusive of that rendered by public health nurses whose programs may be limited to certain phases of public health work such as school health nursing, maternity, infancy, etc. In every county there is, we presume, a county physician serving the inmates of the county jail, poor farm and prison camps on a part time basis. For special duties he may be paid fees from county funds. He is not the health officer although he may perform voluntarily some of the duties of a health officer.

At any rate there are about a million people in sixty odd counties served more or less by the five Field Medical Officers of the State Board of Health. They average, then, twelve counties and 200,000 people in each district. Considering the wide flung areas and large populations they serve, we believe that the Field Medical Officers do very well, especially in the matter of communicable disease control.

Local Responsibility

The service could be made more satisfactory if, in every county and city not now served by a local health officer, there could be designated some individual to be responsible locally for communicable disease control. This service would supplement and enhance the value of the various protective measures offered by the State Board of Health; it would procure for the community more prompt and therefore more effective protection and prevent unwarranted panic. For this local service payment should be made from local public funds on a fair salary or fee basis.

Because of their special training physicians adapt themselves most readily to the duties of a health officer, particularly for communicable disease control. Younger men are often to be preferred because they have more time, take a keen interest in their work and adapt themselves readily to duties not strictly within the realm of medical practice. On the county physician might readily be placed the duties of county health officer. The increase in pay should be fair but need not be prohibitive.

A public health nurse does some of the communicable disease work in a satisfactory manner. If given the responsibility and authority she would perform good service and find a way of getting done those things which she has not been trained to do herself. She would at times require aid from the county physician or some reliable doctor.

BUREAU OF COMMUNICABLE DISEASES

Any reliable adult with average intelligence, some training and the necessary authority can serve as a sanitary officer. His value will depend upon what he knows, how much cooperation he can get from others who know and the energy he puts into the job.

A sheriff or deputy, a town marshal, chief of police or some other official could be pressed into serving as a sanitary officer.

Training

Whoever is designated for the job should be fair but fearless. He should, if possible, be free from the hazards of political change. By applying himself to duty he will become more and more efficient as the years pass. He should study public health, attend health meetings and could, no doubt, be given special training and instruction by or through the State Board of Health. The only cost would be for travel and personal expense. Many of our best health workers have begun as volunteers or part time employees and grown into responsible and remunerative positions.

On the whole we do not recommend a part time health service but we now feel that it is better than none and that it should develop into something better.

In communities without health service the above suggestions are recommended to county commissioners and municipal governing bodies for their serious consideration. The State Board of Health wishes to be placed in touch with and give all possible aid to every local health worker in Florida.

Gaiters (Gaitors?)

A recent inquirer asked for all available information about gaiters. She was referred to textbooks and biologists for data on saurian reptiles because they have no bearing on public health. Now she says her first letter was misunderstood—that she wanted to know about

Goiters

and that is quite a different matter, but even goiter is more a medical than a public health problem. Endemic goiter which results from lack of iodine in drinking water and foods (vegetables) is rarely seen in Florida. There are two other types of disease in the thyroid gland known as goiter. One is due to over-activity of the gland. It has numerous names; perhaps the best is hyperthyroidism. The patient is nervous, loses flesh and the eyeballs protrude. In the other type—hypothyroidism—the patient gets fat and becomes dull and inactive.

For any thyroid trouble a patient needs medical advice. Any doctor can tell a lot about these interesting disturbances and some of them might let interested persons read about them in their medical books.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

ANIMAL PARASITES

During the nine years, 1923 to 1931, inclusive, the Laboratories of the Florida State Board of Health examined 251,845 stool specimens for presence of animal parasites. Of the whole number examined 72, 414 showed evidence of the presence of hookworms. This makes the percentage of positive hookworm specimens over the whole period equal 28.7.

In judging from these figures the prevalence of hookworm infestation in Florida it must be remembered that many of these specimens came from children who had taken treatment for hookworm disease and were examined for the purpose of finding out whether the treatment had been effective. Bearing this in mind you will probably not quarrel with the opinion that in all probability more than one quarter of the population "keep boarders."

Besides hookworms there are other animal parasites, which, however, do not occur so frequently. For example, $1\frac{1}{2}\%$ of the whole number of specimens examined contained the ova of *Ascaris lumbricoides*, the ordinary "round worm" and three quarters of one per cent had ova of *Trichuris trichiura*, the "whip worm."

Last summer Doctors W. W. Cort and G. F. Otto of the School of Hygiene and Public Health of Johns Hopkins University of Baltimore, conducted a survey of certain portions of Florida to ascertain the prevalence of Ascariasis or infestation with "round worms." They made their survey in the places where our records showed there was the highest probability of their finding round worms.

In all, they examined 2,429 specimens. Of these 627 or 25.8% showed the presence of animal parasites. This agrees very well with our figures for the whole nine year period as cited above and indicates that animal parasites are still quite common.

Their actual figures are as follows:

Total specimens	2791
Unsatisfactory	362
Total examined	2429
Negative	1802
Hookworm	313
Ascaris	160
Oxyuris	1
Tapeworm	1
Trichuris	27
Hookworm and Ascaris	37
Hookworm and Trichuris	4

BUREAU OF DIAGNOSTIC LABORATORIES

Ascaris and Trichuris	79
Hookworm, Ascaris and Trichuris	4
Trichuris and Tapeworm	1
Total Hookworm	358
Total Ascaris	280
Total Oxyuris	1
Total Tapeworm	1
Total Trichuris	115

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
FEBRUARY, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	3259	575	42	171	230	4277
Diphtheria	1048	1066	32	3100	16	5262
Malaria	482	255	30	44	26	807
Typhoid	389	216	31	21	92	749
Rabies	16	4		2		22
Tuberculosis	200	102	6	47	12	367
Gonorrhea	601	255	47	150	34	1087
Kahn	3850	1254	143	915	169	6331
Water		40		203	7	250
Milk	249	491	242	583	112	1677
Miscellaneous	810	15	6	284	12	1127
	10904	4243	579	5520	710	21956

Specimen Containers Distributed 12432

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	74 Packages
	5,000 units	8 Packages
Toxin Antitoxin.....		5453 C. C.
Schick		6370 Tests
Toxoid		3205 C. C.
Tetanus Antitoxin.....	1,500 units	5 Packages
Typhoid Vaccine.....		10080 Treatments
Antirabic Virus.....		30 Treatments
Carbon Tetrachloride.....		1556 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

FLORIDA RECORDS FORGING AHEAD



In last month's Health Notes, annual tabulations for marriages, divorces and annulments, by counties, for the State of Florida appeared. In addition to state tabulations, the Bureau of the Census at Washington collects vital statistics from the various states that are accepted as having reliable returns and acts as a clearing house, publishing for states and certain cities compiled statistical information which is distributed in printed form from Washington.

The centralizing of marriage and divorce records in Florida began in 1927 and since that date considerable progress has been made by the Vital Statistics Bureau of the State Board of Health in obtaining complete and prompt returns. An excerpt from a letter dated March 15, 1932 from Honorable Starke M. Grogan, Chief Statistician for Statistics of States and Cities for the Bureau of the Census, appears below:

"The statement of marriages performed in the State of Florida during the year 1931, as well as the schedules covering divorces granted, have been received, making Florida the fourth State to complete its report.

"Congratulations once again—Progressing from 41st State for 1927 to 34th for 1928 was good work, but 11th for 1929 was better; 7th for 1930 was excellent, and now comes 4th for 1931. When one considers that a few short years ago, Florida figures were seldom issued until late December, the strides you have made can best be appreciated.

"With best wishes for your continued success, I am * * *"

NEW LOCAL REGISTRARS APPOINTED

Dist. No.	Name	Address
3-107	Mrs. Bessie Moore.....	Cromanton, Fla.
6-03	H. C. Powers.....	Pompano, Fla.
6-05	J. W. Shepard.....	Hollywood, Fla.
8-02	Mrs. Mary I. McRae.....	Homasassa, Fla.
10-017	Mrs. Ossie Milligan.....	R. F. D. 5, Lake City, Fla.
11-05	Mrs. Carrie S. Burr.....	Goulds, Fla.
20-07	L. F. Henderson.....	Rt. 1, Box 7, Caryville, Fla.
24-07	Mrs. O. C. Torbert.....	Sorrento, Fla.
30-05	Lloyd R. Best.....	Box 44, Ellenton, Fla.
31-03	Mrs. Pearl B. Hoffman.....	Anthony, Fla.
34-077	H. W. Steele.....	Rt. 1, Baker, Fla.
39-05	Miss Frances Moore.....	Dunedin, Fla.
40-03	Mrs. Wilma D. Murdaugh.....	Box 285, Ft. Meade, Fla.
46-047	H. H. McKnight.....	Wildwood, Fla.
50-06	C. L. Ferrell.....	Rt. 1, Ben Haden, Fla.
57-05	Mrs. Ruth Brown.....	Palmdale, Fla.
67-01	Miss Ruby Herdti.....	Box 845, Stuart, Fla.
67-03	H. A. Eells.....	Indian Town, Fla.

BUREAU OF VITAL STATISTICS

MORTALITY FOR JANUARY, 1932, AS COMPARED WITH
SAME PERIOD PREVIOUS YEAR, PROVISIONAL FIGURES*

Inter- national List No. (1929)	F L O R I D A	NUMBER OF DEATHS*					
		January 1932			January 1931		
		Total	White	Col.	Total	White	Col.
GENERAL MORTALITY (ALL AGES)							
1-214	ALL CAUSES	1536	979	557	1742	1106	636
1-2	Typhoid	14	9	5	5	1	4
6	Smallpox	0	0	0	0	0	0
7	Measles	1	1	0	1	1	0
8	Scarlet fever	1	1	0	1	1	0
9	Whooping-cough	2	1	1	4	3	1
10	Diphtheria	9	8	1	7	4	3
11	Influenza	33	15	18	72	38	34
16	Acute poliomyelitis and polioencephalitis	0	0	0	0	0	0
17	Lethargic encephalitis	0	0	0	0	0	0
18	Epidemic cerebrospinal meningitis	0	0	0	0	0	0
23-32	Tuberculosis—all forms	100	35	65	83	41	42
38	Malaria	12	5	7	8	5	3
45-53	Cancer—all forms	97	86	11	77	65	12
59	Diabetes mellitus	20	16	4	21	19	2
62	Pellagra	10	5	5	20	9	11
78-89	Diseases of the nervous system	169	114	55	192	113	79
82	Cerebral hemorrhage, apoplexy	141	93	48	169	99	70
90-103	Diseases of the circulatory system	271	200	71	309	229	80
90-95	Diseases of the heart	261	193	68	285	211	74
104-114	Diseases of the respiratory system	106	59	47	160	90	70
107-109	Pneumonia—all forms	89	44	45	134	76	58
115-129	Diseases of the digestive system	124	77	47	95	58	37
119	Diarrhea and enteritis (under 2 years) ..	17	8	9	5	1	4
130-139	Nonvenereal diseases genitourinary system ..	185	123	62	211	148	63
140-132	Nephritis—all forms	160	108	52	184	131	53
140-150	The puerperal state	14	6	8	24	13	11
210	Automobile accidents	51	42	9	59	49	10
INFANT MORTALITY							
Number of LIVE BIRTHS		2110	1442	668	1871	1253	618
Number of STILLBIRTHS		104	50	54	111	55	56
Number of DEATHS under 1 year (all causes).....		130	72	58	162	80	82
By cause: (deaths under 1 year)							
1-44, exc. 11, 23, 32a	Infectious diseases	7	1	6	10	4	6
11, 23, 32a, 104-114	Respiratory diseases	25	15	10	31	15	16
118, 119	Gastro-intestinal diseases ..	11	5	6	5	1	4
157-161	Malformations & early inf.	59	36	23	79	48	31
159	Premature birth	37	25	12	43	20	23
160	Injury at birth	6	4	2	10	10	0

UNCLE DOC



If ye digest well, ye
won't die jest yet.

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HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

MAY, 1932

No. 5

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board.

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Henry Hanson, M. D.

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Diagnostic Laboratories.....	Paul Eaton, M. D., D. P. H.
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Engineering.....	Louva G. Lenert
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TUBERCULOSIS AND EPIDEMIOLOGY

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Ruskin.....	Joyce Ely, R. N.
Starke.....	Mary G. Dodd, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

CARRYING ON

As each month passes and the spirit of "the depression" prevails we closely scan our budget to see how we may carry on for another month. Our auditor carries a distribution sheet which shows in minute detail how and where the expenditures for each department are made. The personnel which has had two salary cuts since the appropriations bill was passed cannot be reproved for a vague feeling of uneasiness regarding what the future may have in store, and yet in the work, its character and the loyal enthusiasm manifested in turning out results with scientific accuracy, there is no evidence of such disturbing mental handicap. All are working as conscientiously as ever and as cheerfully, and as in war time, doing their bit. All the work done is for the relief and prevention of possible additional handicaps which result from preventable sickness. Holding our present public health where it is would in itself be an accomplishment worthy of the investment made, but more than that is being done; several of the diseases causing deaths are taking a smaller toll each year. The present question is whether we can continue to hold our own with the reduced means at our disposal, at a time when there are more people than ever in need of help. There are hundreds, yea even thousands, who formerly were in a position to go to their private physicians for protective care and advice, who are now looking to the State Board of Health for help. The physician in private practice is doing more free work, and more work on a deferred payment basis than he ever did before, and he too is carrying on!

Have you ever stopped to think of the difference in the sick and death rate now as compared with 40 or 50 years ago? The death rate among children 40 years ago was between 45 % and 50 % of those attacked with diphtheria—now it is about one-half of one per cent and if the physician were given the opportunity to see and treat the child early there would be practically no deaths. The incidence (morbidity) of diphtheria now is reduced to about 55 per 100,000 population. Before the present preventive treatments were introduced and put into use by health departments and the general medical profession, approximately 50 % of those attacked by diphtheria died from the disease. Space will not permit a similar analysis of the former ravages of other diseases; suffice it to say that the story of one is much like the other. Gibbons, the historian, who was the lone survivor of seven children said that of all children born in his day, the majority died before reaching the age of nine years. Smallpox in its heyday, killed 30 % of the children before they reached the age of ten years. In Florida there has been no death reported from smallpox for more than three years.

To maintain the health as it is requires a constant vigilance. The ever oncoming generations of children must be given the health protection which has reduced communicable disease to its present low level

ADMINISTRATION

—a level which can be lowered still further if parents will take advantage of what the health officer advises. Even so during the first eleven months of last year, 832 persons between the ages of 15 and 50 years died in this state from four preventable diseases. It has been said that a citizen is worth \$5,000.00 to the state and nation. Compute what Florida lost in eleven months.

Below is quoted what Dr. William H. Welch, Dean of American Medicine, said in a speech before the Advisory Council, Milbank Memorial Fund. His subject was

ECONOMY AND HEALTH

"Any undue retrenchment in health work is bound to be paid for in dollars and cents as well as in the impairment of the people's health generally. We can demonstrate convincingly that returns in economic and social welfare from expenditures for public health service are far in excess of their costs.

"Too great economy as far as health is concerned, because of the current depression, is particularly dangerous to the welfare of growing children. Undernourishment of children, for example, is not likely to show itself immediately, but is bound to show its effects later, when it is probably too late to remedy. The ground lost by undernourishment in childhood may never be regained."

MALARIA CONTROL INVESTIGATIONS

The United States Public Health Service is continuing its interest and helpful cooperation in the public health program of the State. In May of this year Dr. T. H. D. Griffiths, malaria specialist of the Service will transfer his headquarters to Florida, and will take up a series of studies of practical economic methods for anopheles control. Dr. Griffiths will work as a member of the State Health Department in addition to his official connection with the United States Public Health Service.

We are very fortunate in having a man of Dr. Griffiths' training and ability assigned to Florida for malaria control studies. Dr. Griffiths has worked with the leading men of this country and was closely associated with the great Henry R. Carter who was the most widely recognized authority on malaria and yellow fever up to the time of his death.

CHILD WELFARE

There appears to have been some misunderstanding regarding the functions of the Bureau of Child Hygiene and Public Health Nursing. A health department's activities consist in fact-finding investigations for locating communicable diseases and other preventable sickness. A health department does not enter the field of curative medicine. The

ADMINISTRATION

State Health Department has done a limited amount of physical examination but this has been solely for the purpose of finding defects which are interfering with the health and well-being of the individual or child examined.

When defects are found the function of the Health Department ceases and their correction becomes the duty of a welfare organization or some other body. To apply the term "child welfare" to child hygiene is a misnomer. The group doing child welfare should pick up and carry on the work from the point where the health department ceases to function.

To reiterate—the Bureau of Child Hygiene and Public Health Nursing has NOT been abolished. It will be reorganized on a more practical and workable basis as soon as conditions permit.

NOTELET

"I shot a sneeze into the air;
It fell to earth, I know not where.
But not long after I was told
That twenty others had my cold!"

Health Notes does not claim originality; the author is unknown to us, but we hope the lesson will be as effective as the sneeze.

LIBRARY

Elizabeth Bohnenberger, Librarian

LIBRARY BOOKS AND NOTES

The library has on display a scrap-book of news clippings collected during the Florida yellow fever epidemic of 1888. While there is news from over the entire state, the majority of the clippings are from Jacksonville. The fear and anxiety of the time are graphically shown in such headings as: "Death's Air Riding Host", "Microbe Army Kills 10 and Prostrates 99", "Yellow Jack Still Stalks", "Microbes Not So Thick."

The book is full of interest for its mention of many names familiar to Florida and also for its vivid picture of the heroic efforts of the medical profession and the people in general to rid the state of yellow fever. The last entry in the book is a tribute to Dr. Joseph Y. Porter, Sr. for his unselfish and efficient leadership in stamping out the epidemic.

NEW ADDITIONS TO THE LIBRARY

Books:

Cecil, Russell L. ed. Text-book of Medicine, 2nd ed. Phila., Saunders, 1930.

Long, Mason. College Grammar N. Y., Ronald Press, 1928.

Pamphlets:

Documentation of the 5th Annual Conference of the World Narcotic Defense Association.

LIBRARY

- Keller, A. E. Eight Cases of Human Infestation With the Rat Tape-worm. Reprint from J1. of Parasitology, Dec. 1931.
- Milam, D. F. and H. F. Meleney. Investigations of Endamoeba Histolytica and Other Intestinal Protozoa in Tennessee. Reprint from J1. of Hygiene, Sept. 1931.
- Meleney, H. F. and R. B. Griffin. Mosquito Proofing and Treatment in the Control of Malaria on a Plantation.
- Barber, M. A. and M. T. Olinger. Studies on Malaria in Southern Nigeria. Reprint from Ann. of Trop. Med. and Bar. Dec. 1931.
- Milam, D. F. and H. F. Meleney. Investigations of Endamoeba Histolytica). Report of two cases. Reprint from Arch. of Derm. and Syphilology. July, 1931.

A. M. A. Journals needed to complete our files (Revised List):

- 1918: February 2; September 28; October 26; November 30.
- 1919: January 7, 14, 21, 28; February 4, 11, 18, 25; March 8, 15, 22, 29; April 5, 19; May 3, 10, 24; June 21, 28; July 5, 12, 19, 26; August 2, 9, 16, 23; September 6, 13, 20, 27; October 11, 25; November 15, 22, 29; December 6, 13.
- 1920: January 3, 17; February 14; June 12; July 17.
- 1921: January 1, 8, 15, 22, 29; February 5, 19, 26; March 5, 12, 19, 26; April 2, 9, 16, 23, 30; May 28; June 4, 11, 18.
- 1922: January 7, 28; February 25; March 4, 18, 25; April 1, 8, 15, 22, 29; May 6, 20, 27; June 3; September 9.
- 1924: October 18.

The library is indebted to Dr. B. H. Goodale of Jacksonville, and Dr. G. H. Edwards of Orlando for sending numbers which enabled us to complete the 1929 and 1930 files.

BUREAU OF ENGINEERING

Louva G. Lenert, Chief Engineer

WATER WORKS MEETING

The Florida Section of the American Water Works Association met in its sixth annual session at the Suwannee Hotel in St. Petersburg on March 16, 17 and 18th.

On the afternoon of March 16th, a round table discussion was held with Professor A. P. Black of the University of Florida presiding. Very interesting discussions were had on the subjects of "Iron Removal", "The Use of Ferrous Carbonate in Coagulation", and the subject of "Hydrogen Ion Determination" was gone into very thoroughly.

The full success of the entire meeting cannot be measured by the number in attendance. Those who were fortunate enough to be num-

BUREAU OF ENGINEERING

bered among those present demonstrated their earnestness of purpose by close attention to all of the excellent papers presented throughout the meeting. Signed registrations numbered forty-nine.

Following registration on the morning of March 17, Hon. Henry Adams, Jr., Mayor of St. Petersburg, welcomed the members of the Association and their guests and extended the courtesies of the city. Through Mr. Ross L. Dobbin, President of the American Water Works Association, who was the honor guest of the Florida Section, the mayor extended an invitation to the Association to hold its 1934 convention in that city. Mr. R. L. Wilbur, Executive Vice-President of the Chamber of Commerce followed Mr. Adams, asking the support of the Florida Section in securing the 1934 convention.

The papers presented were largely scientific in nature and of exceptionally high grade.

"The Drought of 1931 in Florida and its Effects on Run-off" by D. S. Wallace, District Engineer, U. S. Geological Survey, Ocala, illustrated with maps and charts was the first paper presented and was followed by the subject of "Hydrogen Ion Concentration and Free Aluminum Determination" by Keith R. Chinn, Chemist of the West Palm Beach Water Company.

Of particular interest from a public health point of view, especially in Florida where there are so many ground water supplies, was the subject of "Pollution Hazards of Ground Water Supplies" by H. S. Hutton, Assistant General Manager of Wallace Tiernan Manufacturing Company, Inc., Newark, New Jersey. This was appropriately illustrated with lantern slides and was supplemented by a very able discussion by Mr. Wallace of the U. S. Geological Survey and Mr. Herman Gunter, State Geologist, Tallahassee.

"Algae Conditions, Controls and Remedies" by Mr. M. Alvin Norris, Chemist, Orlando Utilities Commission, brought out causes and control measures adopted in eliminating most of the trouble with tastes, odors, and color in public water supplies, and F. E. Stuart, Research Engineer, Industrial Chemical Sales Company, New York, spoke on the "Stabilization of Sludge with Powdered Activated Carbon", giving additional importance to the use of this substance in water purification practice.

"Changes in Filter Plant Operation and the Success of the Chlorine-Ammonia Treatment in the Municipal Supply at Ft. Lauderdale" was presented by John C. Chalfant, Water Superintendent at that place. "Water Purification and the Distribution System" was the title of the paper by J. E. Lyles, Chemist of the Tampa Filtration Plant.

A banquet was held on the evening of March 17th at the Donce-Sar Hotel, Pass-a-Grille, President Ross L. Dobbin being the guest speaker. This was followed by a dance, the guests participating in a St. Patrick Day party given by the hotel management.

BUREAU OF ENGINEERING

Two papers were presented at the morning session on March 18th. These were on the subject of "Revenues" by R. W. Reynolds, Superintendent, West Palm Beach Water Company which was read by Mr. Chinn, in the absence of the author, and "Practical Application of Public Relations to a Water Utility" by A. P. Michaels, General Manager of the Orlando Utilities Commission. The latter was an amplification of a paper on Public Relations presented at the 1931 Convention.

Out of state guests at the convention besides Mr. Dobbin were C. W. Becker, Secretary of the Four-States Section, American Water Works Association, Philadelphia, Pennsylvania; A. P. Miller, U. S. Public Health Service, Washington, D. C., and Walter E. Walker, Chief Engineer, Water Department, Poughkeepsie, New York.

The business session of the meeting was held immediately following the luncheon on the last day with Chairman F. W. Lane presiding. The Resolutions Committee presented a number of appropriate resolutions, among them being one addressed to the parent organization, requesting their consideration of Florida in the selection of 1934 meeting place.

The following officers were selected for the ensuing term:

Chairman.....	Herman Gunter, Tallahassee
Vice-Chairman.....	J. E. Lyles, Tampa
Secretary.....	Louva G. Lenert, Jacksonville
Directors to 1935.....	F. W. Lane, St. Petersburg, W. Austin Smith, Jacksonville.

Hollywood was selected as the 1933 meeting place for the Section.

MILK ORDINANCE APPROVED

The State Board of Health in session on March 23, 1932, adopted as the Model Ordinance for the State of Florida, the Milk Ordinance and Code of the U. S. Public Health Service, which is approved by the Bureau of Dairy Industry of the U. S. Department of Agriculture. By this endorsement the Board recommended it to the various cities and towns of the State for an example to be followed. Its provisions are aimed at the protection of the users of milk and it sets up standards which should be very beneficial to the general public and likewise improve the dairy industry of the State.

Every effort will be directed toward assisting in the promotion of the ordinance in local communities, in assisting in training new personnel in milk control work and organizing the enforcement of the new ordinance, and in rating the milk sanitation work at periodic intervals.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

HOOKWORM DISEASE

It Can Be Eradicated

So simple and easy of accomplishment is the task of completely eradicating the hookworm from the entire south that it is going to leave a permanent stain on the fair name of Dixie if the campaign, now a quarter century old, is not soon brought to a successful close. Every doctor, every parent, every teacher and nearly every school child now knows or has a chance to know about hookworms, their manner of propagation, how to recognize their presence from the anemia they produce, how to prevent and how to eradicate them.

As in the case of certain other evils, those who are responsible for its presence—those who should stamp it out—that is the adult members of society, suffer least from hookworm disease. This is due largely to the custom among grown-ups of wearing shoes but there are quite a few grown people who walk barefooted in contaminated soil, get hookworms and have hookworm disease.

"Let Them Have It"

Faint hearted officials and promoters of public welfare are often too easily discouraged. They give up the fight sometimes when victory is in sight could they but see.

Florida now more than ever needs, and can more easily gain, the victory over soil pollution, insanitation and hookworm disease.

The sanitary officer of the Taylor County Health Unit is making notable headway. He meets rural people (among whom hookworm disease is most prevalent) in a friendly manner, he has found a way to construct a sanitary privy for twenty cents (cash outlay for nails) plus elbow grease, and is designing a world beater of which the cost will be nothing but honest toil.

A Good Doctor

A rural practicing physician doing a large mill practice, a man with a wholesome line of philosophy based on good common sense, recently wrote the State Board of Health as follows:

"Gentlemen: Please send me medicine for 100 school children who have hookworms and other intestinal parasites. It has always been my custom to administer these treatments, also the preventive inoculations where the materials are furnished by the Board, without charge to all in my territory who are patients of mine, either charity or pay. By a steady systematic system of typhoid vaccination, I have, except

BUREAU OF COMMUNICABLE DISEASES

for imported cases, gotten rid of typhoid. Most whites take it without argument, and colored, as I tell them they can either take it or move from this section within 48 hours.

"Typhoid, diphtheria and hookworm are economic questions, and while I do not believe in pampering the public nor in administering anything free to people who are able to pay; yet as I have often stated my position on the administration of the above treatments, to fellow physicians, I do not feel that any particular thanks are due me for any of this I do either for adults or children; it is with me simply a financial question. I have a family who can go ahead and pay their medical bills for all ordinary attention; if the father or any member has typhoid or smallpox, that patient is practically automatically converted to a deadbeat or non-paying patient. The expense of the illness is so great, the income stops, the medical costs mount up and when they recover, they are faced with what is to the ordinary laborer or farmer, a heap of bills which they struggle against for a while and then cease to try to pay as it is an impossibility to provide for the family and catch up all these expenses. By vaccinating these people, even at some inconvenience to yourself and possibly with considerable argument and explanation, you have a good paying patient who is always your friend, instead of one who because he owes and cannot pay becomes your enemy. Excuse this free air.

Yours truly,

.....M. D.

Florida is potentially the best place in the world to live. Let's make it so in fact. Let our slogan be "Every Florida Home SANITARY."

CHEST CLINICS

Consultation clinics for diagnosis of pulmonary tuberculosis and other chronic chest diseases were conducted at strategic points throughout Florida in the summers of 1930 and 1931. This program is to be renewed early in May.

Dr. W. A. Claxton, tuberculosis clinician of the State Board of Health will, as before, conduct the examinations and will be assisted in the clinics by Mary Dodd, R. N. who has been detailed by the State Health Officer for this work.

In order that the greatest possible benefit to persons examined may result from the clinics, only those referred by physicians will be admitted. The purpose of this rule is to conserve the clinician's time for examination of those who most need it and to be assured that those found in need of medical supervision will have it.

Any person who thinks he might benefit by a chest examination should first consult his doctor and ask his advice as to attending a

BUREAU OF COMMUNICABLE DISEASES

chest clinic. Physicians are invited to bring or send their patients for examination. Reports will be made to the physician only.

In the planning and arrangements for the clinics the Florida Tuberculosis and Health Association has been most cooperative and helpful.

Early recognition of tuberculosis is essential to its cure.

Every case of tuberculosis comes from another case. Avoid contacts and exposures.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

AESOP Jr.

Suppose that in your wanderings to and fro you should come across a telephone pole snapped off at the ground surface, and suppose further that you should be required to account for the phenomenon. What would be your mental processes?

Well, you would review in your mind the forces most likely to have brought about the condition observed and then you would try to find out which of the **most likely** causes actually had brought it about.

You would probably go about it in this order. (a) Perhaps a tree fell on the line and pulled the pole over. (b) Perhaps a truck went off the road and hit the pole. (Twenty years ago such a solution would not have occurred to you.) (c) Perhaps a high wind did the work. (d) Perhaps it was due to some less likely cause.

Under what circumstances would you be likely to give any consideration to the possibility that an elephant had leaned against the pole and snapped it off? Well, if you happened to know that there was a circus in town and that the parade had passed along this street a few hours before you arrived, you might consider what would under other circumstances be regarded as an exceedingly far-fetched joke. But if you had not seen the parade or the circus you would be dependent on reports from those who knew of its presence.

The activities of public health officials have reduced the frequency of typhoid fever and diphtheria to such an extent and at such a rate that we are justified in believing that within a short time, cases of these diseases will be as rare as telephone poles broken by elephants. The very infrequency of these diseases will in itself constitute a menace because physicians will be less familiar with them and less likely to suspect their presence unless they happen to fit text book descriptions.

This statement is by no means to be understood as a criticism of the medical profession. Doctors cannot in reason be expected to be as familiar with **every possible** cause of a given condition as they are with the most likely causes.

BUREAU OF DIAGNOSTIC LABORATORIES

The law requires the reporting of every case of these two diseases (and certain others) to certain official agencies who have a special responsibility imposed on them by law in such cases. Public knowledge of these things is an element in public safety. If you are a physician and so dependent on such knowledge for the safety of your patients you owe it to the public to report your cases. If you are a layman it is to your interest that reporting be as complete and accurate as possible.

This fable teaches that if you are interested in telephone poles you should keep up with circuses.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF MARCH, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	4232	1825	393	163	467	7080
Diphtheria	706	1130	36	729	33	2634
Typhoid	388	131	62	19	20	620
Malaria	378	133	55	7	90	663
Rabies	17	4				21
Tuberculosis	217	88	14	51	18	388
Gonorrhea	607	280	36	144	37	1104
Kahn	3895	1132	190	942	100	6259
Water		38	3	287	6	334
Milk	569	451	37	945	133	2135
Miscellaneous	865	20	3	336	12	1236
	<u>11874</u>	<u>5232</u>	<u>829</u>	<u>3623</u>	<u>916</u>	<u>22474</u>

Specimen Containers Distributed 8346

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	106 Packages
	5,000 units	18 Packages
Toxin Antitoxin.....		9399 C. C.
Toxoid.....		3483 C. C.
Schick.....		3670 Tests
Tetanus Antitoxin.....	20,000 units	19 Packages
	10,000 units	16 Packages
	1,500 units	8 Packages
Typhoid Vaccine.....		6368 Treatments
Vaccine Virus.....		4463 Capillaries
Antirabic Virus.....		26 Treatments
Carbon Tetrachloride.....		3718 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY



Tabulations for 1931 on infant mortality in Florida have just been completed. The infant mortality rate for Florida last year was 64 which represents the number of deaths of infants under one year of age per 1,000 living births reported. The rate for the previous year was the same, i. e., 64 and is the lowest infant mortality rate on record in this state. While last year's average is equally as good as the state's best record, the infant mortality rate for the white population was 52 as compared with 50 for the previous year. The colored rate, however, was 91 for last year as compared with 95 for the previous year. It will be observed, therefore, that while our average is equally as low as for the previous year, the white rate is higher and the colored rate lower.

It is gratifying to note the low infant mortality rate of 64 for the past year. When compared with previous years, it is quite a record. In 1917, the infant mortality rate in Florida was 106 and in 1918, 107. The year in which the most deaths of infants under one year of age occurred in Florida was for 1926 when a total of 2,614 infant deaths were recorded. Last year, there were only 1,737 deaths of infants under one year of age.

Deaths Under 1 Year and Infant Mortality Rates, By Color,
1917 to 1931, Inclusive.

Years	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
1931	1,737	64	979	52	758	91
1930	1,729	64	928	50	801	95
1929	1,766	66	953	52	813	95
1928	2,000	67	1,123	54	877	96
1927	2,303	68	1,336	56	967	95
1926	2,614	75	1,545	62	1,069	108
1925	2,179	74	1,219	61	960	104
1924	2,182	82	1,259	70	923	107
1923	1,822	78	1,017	65	805	106
1922	1,691	77	997	65	694	104
1921	1,770	80	1,001	66	769	112
1920	1,835	94	1,031	76	804	134
1919	1,659	89	927	72	732	126
1918	1,947	107	1,148	91	799	145
1917	1,897	106	1,087	86	810	155

BUREAU OF VITAL STATISTICS

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1,000 Live
Births by Color and by Counties—1931

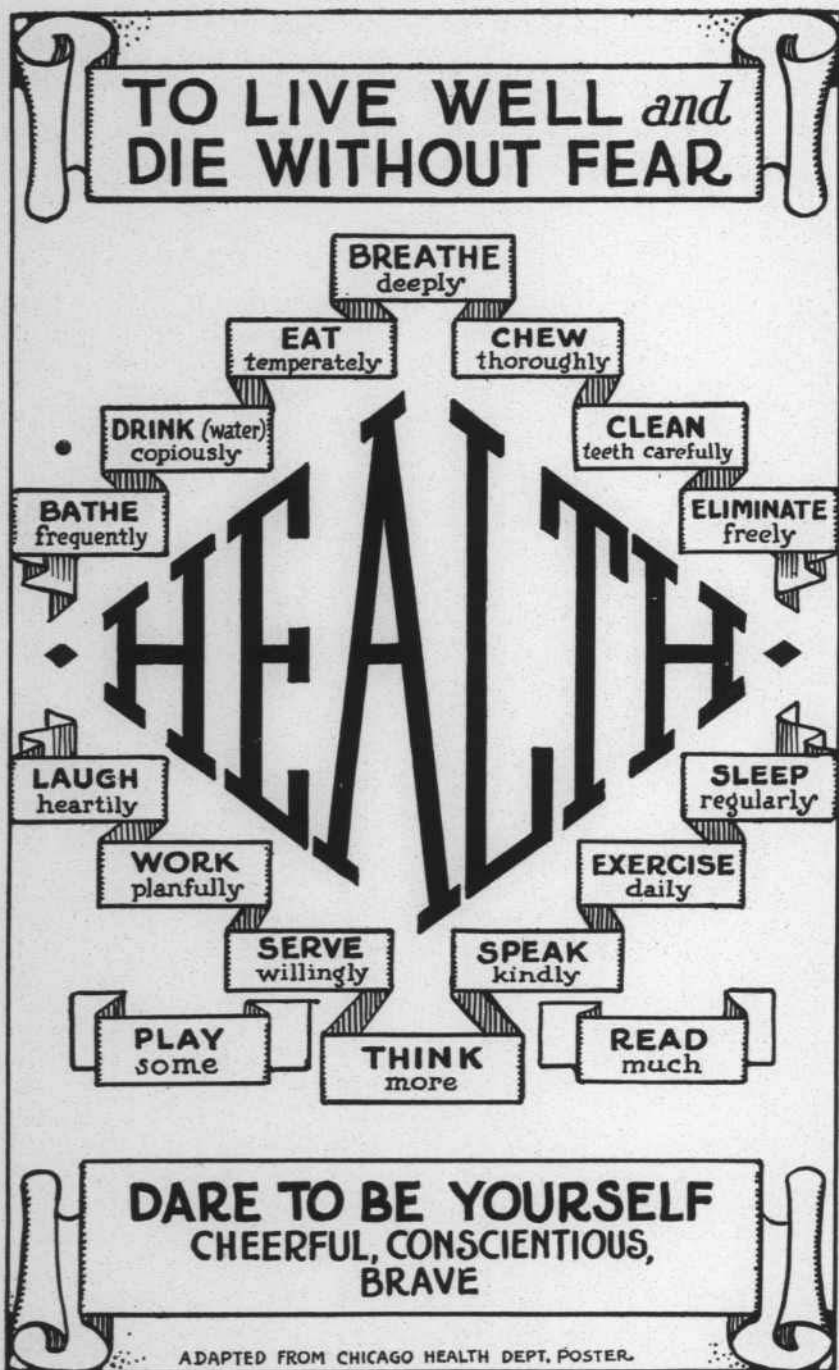
COUNTIES	Total		White		Colored	
	Deaths Under 1	Rate Per Yr. 1000 Births	Deaths Under 1	Rate Per Yr. 1000 Births	Deaths Under 1	Rate Per Yr. 1000 Births
0. State.....	1,737	64	979	52	758	91
1. Alachua.....	46	74	27	78	19	68
2. Baker.....	9	54	4	33	5	116
3. Bay.....	34	103	16	62	18	257
4. Bradford.....	9	48	8	54	1	25
5. Brevard.....	12	62	4	34	8	105
6. Broward.....	28	73	8	41	20	108
7. Calhoun.....	12	72	9	65	3	107
55. Charlotte.....	3	61	3	79	0	.....
8. Citrus.....	9	94	3	56	6	143
9. Clay.....	7	69	3	40	4	148
62. Collier.....	1	38	1	45	0	.....
10. Columbia.....	24	75	14	74	10	75
11. Dade.....	128	58	70	43	58	101
12. DeSoto.....	29	141	24	130	5	238
56. Dixie.....	17	128	10	100	7	212
13. Duval.....	161	56	102	53	59	64
14. Escambia.....	68	63	46	52	22	111
53. Flagler.....	1	32	1	59	0	.....
15. Franklin.....	5	45	2	30	3	68
16. Gadsden.....	61	99	26	116	35	90
64. Gilchrist.....	8	78	6	66	2	167
57. Glades.....	4	138	2	118	2	167
65. Gulf.....	1	19	0	.....	1	45
17. Hamilton.....	12	55	4	31	8	91
58. Hardee.....	15	77	14	80	1	50
63. Hendry.....	0	.....	0	.....	0	.....
18. Hernando.....	4	49	1	20	3	91
59. Highlands.....	7	32	7	40	0	.....
19. Hillsboro.....	157	60	99	45	58	130
20. Holmes.....	19	64	17	60	2	167
66. Indian River.....	5	29	2	18	3	51
21. Jackson.....	51	61	34	71	17	47
22. Jefferson.....	28	90	7	123	21	82

BUREAU OF VITAL STATISTICS

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1,000 Live Births by Color and by Counties—1931 (Continued)

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1,000 Births	Deaths Under 1 Yr.	Rate Per 1,000 Births	Deaths Under 1 Yr.	Rate Per 1,000 Births
23. Lafayette.....	5	47	4	39	1	250
24. Lake.....	30	66	13	41	17	120
25. Lee.....	10	41	4	21	6	109
26. Leon.....	41	82	12	68	29	89
27. Levy.....	16	72	6	47	10	106
28. Liberty.....	9	91	6	100	3	77
29. Madison.....	29	68	13	76	16	62
30. Manatee.....	14	40	7	30	7	60
31. Marion.....	35	71	13	58	22	83
67. Martin.....	7	86	0	.....	7	226
32. Monroe.....	18	78	11	63	7	127
33. Nassau.....	19	94	5	47	14	146
34. Okaloosa.....	9	38	7	32	2	95
54. Okeechobee.....	2	33	2	34	0	.....
35. Orange.....	57	67	35	54	22	107
36. Osceola.....	10	73	6	63	4	98
37. Palm Beach.....	52	65	23	45	29	99
38. Pasco.....	12	63	10	68	2	48
39. Pinellas.....	47	52	33	46	14	78
40. Polk.....	73	52	52	48	21	66
41. Putnam.....	26	80	9	52	17	111
42. St. Johns.....	13	37	7	33	6	45
43. St. Lucie.....	11	77	5	49	6	154
44. Santa Rosa.....	22	70	17	63	5	114
60. Sarasota.....	8	43	4	28	4	85
45. Seminole.....	28	77	7	43	21	105
46. Sumter.....	10	53	5	43	5	68
47. Suwannee.....	36	88	13	53	23	140
48. Taylor.....	17	94	11	85	6	118
61. Union.....	4	23	4	29	0	.....
49. Volusia.....	53	83	33	71	20	113
50. Wakulla.....	8	75	6	97	2	44
51. Walton.....	12	44	11	49	1	20
52. Washington.....	19	61	11	49	8	92



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

JUNE, 1932

No. 6

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

1931 BIRTHS—*Thompson*

GOIN' SWIMMIN'? — *Lenert*

RABIES IN FLORIDA — *Eaton*

THIRD COUNTY HEALTH UNIT — *Brink*

PROTECT YOUR DOG AGAINST RABIES — *Hanson*

HENRY HANSON, M. D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board.

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*Vital Statistics.....
Communicable Diseases.....
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Tallahassee..... Mark F. Boyd, M. D.
(Rockefeller Foundation)

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

PROTECT YOUR DOG AGAINST RABIES

Some individual may also be sufficiently sentimental to ask, "What about the Child?" In reply to old fashioned people—who continue to have children and who have not yet reached the state of social distinction which permits them to ride the prominent boulevards, park drives, etc., where certain of the elect congregate to pay homage to those who have the distinction of the company of a member of the canine family in the car or coach—be patient; we may gravitate to commonplace matters a little later.

In the present state of the social institution it seems that the number of people capable of having children is steadily on the decline, except among the working class, and a leisure class supported by charity, which should work but doesn't. This decline in birth rate seems to be compensated by the number of dogs that have taken the child's place in the automobile.

It is therefore apparent that we have two reasons for protecting dogs against rabies; more may develop as we go. In the first place, a dog which has been vaccinated against rabies is twelve and one-half times safer than the unvaccinated dog and will not infect other dogs. If the vaccination of dogs were generally adopted in the state for a number of years rabies would soon disappear and Florida would become as famous a health resort for high-bred canines as it is now for high-bred human beings. The drawback might be that the aristocratic dogs would become so blase that they would not bark at either cur dog or boy. Be that as it may, the human race must take some risks in its struggle for existence—and the boy could find consolation in barking a tree. There are barks and barks.

In another section of the present issue of Health Notes you will note that Sarasota has not had a case of rabies since the Health Department has enforced the annual antirabic vaccination of dogs. It is a sane, sound common sense procedure. Anyone who does not vaccinate his dog or dogs subjects his family and his neighbors to unnecessary dangers, besides being unkind to his dog.

The medical man never has a more horrible duty than when he is called to see a human who has developed rabies. Having personally seen fourteen human sacrifices of this nature the writer knows whereof he speaks. The anguish of the victim is beyond the descriptive power of the pen. The suffering of animals is also intense; how much the dogs suffer we do not know but the indications are that their suffering is also cruel.

Just because this disease has been in the world from the time of the earliest medical history is no reason for its continuation. Four people have died in Florida from hydrophobia during the past year,

ADMINISTRATION

and many more would have died had it not been for the prompt administration of the antirabic treatment to the individuals bitten. There is no cure for the developed case. If the bite is not too close to the brain we can prevent the disease by giving 14 to 28 doses of the antirabic treatment but if the bite is about the face or into the larger nerve trunks on the arms the outlook is not always good. Treatment should be started promptly in order to insure the best results.

Why not give the dog one or, at the most, two injections each year rather than give your baby 14 to 28 or more when he is bitten by an unvaccinated dog?

People refuse to annoy their dogs by putting muzzles on them. Too much humane stuff! (Read Mark Twain's "Mysterious Stranger" for an understanding of the human nature.) Muzzling dogs would stop rabies if the stray and ownerless curs were caught and destroyed. Inasmuch as they will not muzzle the dog it becomes absolutely necessary to give every dog (whether worth it or not) annually a dose of antirabic vaccine. It would then be safe for your dog to play with the baby.

As Health Notes goes to press the tragic news is received that a son of Dr. Spivey of Southern College died with hydrophobia due to a dog bite some twenty-seven days previously.

It is time that the state and municipal authorities took some definite action to stop this unnecessary and cruel sacrifice of human life.

The following is a suggested ordinance for all cities and municipalities to adopt in an effort to stop the unnecessary prevalence of rabies in dogs and other animals:

Be it enacted by the Mayor and City Council of the City of.....
.....and it is hereby enacted, that on and after the first day of July, 1932, it shall be unlawful for any person, firm, or corporation to own, keep, maintain or harbor any dog within the limits of the City of.....without first having obtained therefor a license from the official duly authorized to issue licenses. Said license shall be in force until the first day of May next ensuing.

A fee of \$.....shall be paid to said licensing authority who shall keep a record of the ownership, name, breed, color and sex of each dog so licensed together with such other information as may be necessary for identifying the dog so licensed.

Every dog licensed in compliance with this ordinance shall wear a metal tag bearing the name of the municipality and the number of the license issued for said dog for the current year.

ADMINISTRATION

No license shall be issued for the keeping of any dog until evidence has been produced to show that said dog has been inoculated against rabies within a period of one year. The certificate of any person licensed to practice Veterinary Medicine in the State of Florida, or that of any person duly authorized by the City Council of the City of to administer antirabic inoculation, may be accepted as evidence of inoculation.

The Sanitary Officer, official dog catcher, or any police officer of the City of is authorized and directed to capture any dog running at large in the City of without a license tag as herein provided, and to keep said dog for a period of 72 hours. During the 72 hours following the capture of any unlicensed dog, its owner may redeem said dog upon payment of one dollar in addition to the regular fee for licensing and inoculation. After the expiration of 72 hours each dog so impounded for lack of license shall be painlessly destroyed.

The City Marshal, City Recorder or City Clerk may be authorized to issue the license.

Failure to comply with the provisions of this ordinance shall be punishable by a fine not to exceed ten dollars.

All ordinances or portions of ordinances inconsistent with this ordinance are hereby repealed.

Health Notes wishes to recommend to the doctors who read this publication that they carefully read Dr. Boyd's article in the August 1931 issue entitled "The Sinton Treatment for Malaria." The alkalinization is an important step in treatment. The idea has been advanced that a condition of acidosis may prevail during the attack of malaria.

LIBRARY

Elizabeth Bohnenberger, Librarian

WHITE HOUSE CONFERENCE, 1930

The following information from the publishers of "The White House Conference on Child Health and Protection" will be of interest:

"The publication of the White House Conference on Child Health and Protection, when complete, will represent the most comprehensive library of childhood which has yet been assembled. More than half of the total forty volumes are now off the press. Each book appearing sets in motion again the ever-widening circle of interest in the Conference findings.

LIBRARY

"The reports in the volumes now available are serving as guides for workers in many specified fields of child welfare. One volume, however, 'White House Conference, 1930', tells the whole story of the Conference briefly and in a very readable fashion . . . 'White House Conference, 1930' contains the significant leading speeches of the Conference, together with abstracts of the reports of all the Conference Committees and the Committees' recommendations. . . . " White House Conference, 1930, N. Y., Century, c1931 Board ed., \$.50. Cloth, \$2.00.

The State Board of Health Library has the "key book" mentioned, and also three others of the Conference; namely, "Communicable Disease Control", "Health Protection for the Preschool Child", "Public Health Organization."

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

THE THIRD HEALTH UNIT

The State Board of Health takes pride in announcing the organization of the third and largest full time health unit in Florida. On February 8th, the Board of Commissioners of Escambia County took the final action which made it possible for the City-County Health Department to start functioning on March 1st. The Pensacola city council had previously taken the necessary action. With the exception of the Director, Dr. W. A. McPhaul, formerly City-County Health Officer of Charlotte, N. C., the personnel of the unit was recruited locally. There are nine persons in the unit: the director, county nurse, county sanitary officer, dairy and meat inspector, city nurse, three city sanitary officers and clerk.

The cooperation between the unit and the city-county physician, who devotes his entire time to his official duties, is very close and mutually helpful and already the results of the new set-up are making themselves felt in the community.

As in the case of the other units, the State Board of Health and the U. S. Public Health Service contribute to the budget and the State Board of Health supervises the unit's activities.

The valuable assistance, wise counsel and helpful cooperation of the Escambia County Medical Society in the organization and activities of the unit are gratefully acknowledged.

DEADLIER THAN DYNAMITE

The American Legion monthly for May contains an article calling attention to the dangers to life and property from gasoline or rather gasoline vapor mixed with air. The explosive force of gasoline is said

BUREAU OF COMMUNICABLE DISEASES

to be eighty times more powerful than dynamite. To disregard certain precautions means to court disaster. Static electricity may furnish the spark or the ignition may come from matches, cigarettes, etc. Explosive fumes may settle in low places such as basements and oil pits, there to remain for some time.

Carbon monoxide poisoning from automobile exhaust gases is a serious menace to life. Good ventilation readily obtainable throughout the year in Florida will minimize these dangers. Never work or remain in a closed garage where gasoline has been spilled or where a gasoline engine is running.

SHALL WE REFUSE TREATMENT?

Year after year the State Board of Health examines hookworm specimens in the laboratories, (251,845 specimens in nine years) and distributes carbon tetrachloride in capsules ready for treatment of hookworm sufferers. These services are free but cost the State Board of Health a considerable sum. On the whole the larger taxpayers benefit least because they do not have hookworms. They reside in sanitary surroundings. As a rule people heavily infested with hookworms do not pay large amounts into the treasury in the form of taxes. It seems ridiculous to be forever curing a disease that could be prevented so readily. We are very eager to see sick children get well. We are more anxious to have well children remain well. Is it entirely fair for people to accept free relief from public funds and then do nothing to keep from again getting into the same difficulty?

For years while furnishing the best known drugs for the cure of hookworm disease the State Board of Health has held that preventive sanitation is more important, less troublesome and perfectly safe. It is very doubtful if the Board would discontinue the service if the staff should recommend it. It is very doubtful if the legislature would enact a law providing suitable penalties for persons failing to furnish sanitary protection to their own children.

Suitable Punishment

for such failure would be deemed too barbarous for our modern civilization. If everybody will do his part we can

Make Florida Free of Hookworms in 1933

SUMMER ANNOYANCES

1. **Creeping Eruption.** This is a persistent skin disease caused by a tiny worm, the larva of the cat and dog hookworm, getting into the skin and migrating about in the deeper layers as a mole migrates in the lawn. Avoid contact with soil contaminated with cat or dog

BUREAU OF COMMUNICABLE DISEASES

excrement. Keep these pets free of hookworms by frequent treatment.

2. **Poison Ivy.** Learn to recognize the plant by its leaves and berries and watch carefully to avoid contact. After accidental or suspected contact scrub the skin thoroughly with strong soap and rinse thoroughly.

3. **Red Bugs.** To avoid these one must keep out of the woods. Red bugs are most plentiful around berry patches, decayed stumps and dense brush. If you must go in the woods dust some sulphur into your clothing or rub it onto the bare skin before going. After a woods ramble a kerosene bath followed with soap and water and a complete change of clothing will help. Red bugs will remain in clothing and shoes for several days.

SUMMER ROUND-UP

While gathering the pre-school children together for physical examination and the subsequent correction of defects, the opportunity to give protection from diphtheria and smallpox should not be missed. To a child dead of diphtheria it matters little whether or not his adenoids were removed and his teeth filled. Vaccination is less troublesome now than later. All babies should be vaccinated before they toddle. It is easier to prevent injury and infection.

HEALTH UNITS

The Escambia County Health Unit, inaugurated March 1st, is functioning nicely with all hands busy. There are nine people in the unit besides the City-County Physician, who looks after the indigent sick and cooperates with the health department. The unit is comfortably housed in the State Board of Health building, Pensacola. Sanitation, both urban and rural, together with typhoid inoculations have been the major activities. A well rounded program is under way.

In the Leon County Unit, an intensive mosquito control campaign is being carried on and sanitation of the city (Tallahassee) is being pushed rapidly to completion. Rural sanitation is receiving due attention and we are watching to see whether Leon or Taylor County will make the better showing in sanitating and mosquito-proofing of rural homes.

The tooth brush drill sponsored in the Perry School by the Taylor County Health Unit, was a great success. The 467 children of the grammar grades took part. Through the generosity of the Rotary Club tooth brushes were presented to the children not already supplied. They all sang the drill songs with vim and smiles and the clean mouth habit must have been acquired by many of them. Many children who never before owned tooth brushes are now using them effectively each day.

BUREAU OF ENGINEERING**Louva G. Lenert, Director****GOIN' SWIMMIN'?**

Do you recall the days when as a youngster you plunged with such enthusiasm in the "ole swimmin' hole"? Those were happy days, with little thought of "germs" and "bacteria" and "contamination". The only worry then was what would happen when you returned home and had to render reasons various and sundry why this was so and that was undone. Well, they are happy in memory anyway.

We are often questioned as to why such freedom then, and now such restraint on swimming pools and bathing beaches. The answer is in the increased load each and every bathing place is called upon to carry. Where a few youngsters in short pants slipped away on Saturday morning to enjoy a swim in nature's bath tub, we now have mama and papa, and cousin Ruth and Percy; yes, and grandma—well, the whole generation have become aquatic, and each season finds a large increase in the numbers who indulge in this invigorating exercise and recreation. Along our generous Florida seashore the crowds swarm to the beaches and for those who prefer fresh water there are swimming pools available to nearly every community in the State. The growing popularity of this form of sport is accounted for largely by the increased confidence of the public in the cleanliness and safety of these resorts. It therefore behooves us to use every effort in deserving and maintaining this confidence and diligently strive to keep our pools and beaches safe.

This article is aimed principally at the swimming pool as the most vulnerable. All swimming pool operators are required by state law to request and obtain a permit for operation of such a pool. Such a permit is issued free of cost to any pool operator whose establishment meets certain minimum requirements, so if a pool in your locality is not in possession of such a permit you may be sure it does not comply with certain fundamental requirements and is being operated contrary to law and the owner is subject to fine and imprisonment.

The regulations are not oppressive, but are necessary for the safety of the public enjoying such facilities. Fundamentals of design are passed upon by the Engineering Bureau of the State Board of Health and the operation of the pool after construction is largely a matter of public approval. The operator who hopes to enjoy a successful season must conduct his pool in such a way as to continue to merit a generous patronage.

Water of initial satisfactory sanitary quality is assured by the holding of a permit. This should be permitted to flow freely through the pool while it is being used. Periodically, usually once each week, but oftener when the bathing load so requires, the pool must be completely emptied and cleaned. It is not sufficient to empty and sweep it out, but it must be thoroughly scrubbed. Wire brushes are best for

BUREAU OF ENGINEERING

first treatment, followed by stiff fibre brushes with plenty of soap and water and as one operator said "a generous supply of elbow grease." Rinse and follow with a good chlorine disinfectant and let dry. This requires a full day of idleness but assures success. Better six days of satisfaction with one day out than a continuous struggle to maintain sanitary standards by unapproved methods.

No slimy, slick pools by this method. Should algae growth prove excessive between cleanings, a light dose of copper sulphate should eliminate this trouble but it must not be depended on for a disinfectant or sterilizer.

For this purpose chlorine, either as a hypochlorite or a gas, is recommended. The amount used is determined by a simple check known as ortho-tolidine control of dosage, the correct amount of free or residual chlorine in the pool being between .2 and .5 parts per million.

It is also necessary for the pool water at all times to show an alkaline reaction or it will result in excessive smarting of the eyes.

No one needs to be told that all visible scum, dirt and trash should be removed within 24 hours and the water should be clear at all times.

Bathing suits rinsed in cold water should never be allowed in the pool. All suits and towels should be washed with soap and warm water, rinsed and thoroughly dried each time they are used.

Not all regulations are confined to operators of pools. Bathers have definite responsibilities as well.

Before entering the pool a cleansing shower with soap, should be taken and should be required by the operator.

A bather leaving the pool to use the toilet should take another bath before returning to the pool.

Persons having any skin disease, sore or inflamed eyes, cold, nasal or ear discharges or any communicable disease must be excluded from the pool and those having any considerable area of exposed sub-epidermal tissue, open blisters, cuts, etc., should be warned that these might become infected and advised not to use the pool.

So, when you are "Goin' swimmin' " remember these "high spots" and keep in mind that it is possible and desirable that our "swimming holes" of today be made to approach very nearly our drinking water standards. Under such conditions there is no reason why swimming could not become even more general and every community of the State have a satisfactory swimming pool or bathing beach.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****RABIES IN FLORIDA**

"The prudent man forseeth the danger and hideth himself. The fool passeth on and is punished."

If there was ever an instance to which this observation was applicable, it is the existence of rabies in Florida. We do not know all there is to know about rabies any more than we know all there is to know about the simplest grain of sand one might pick up on Jacksonville Beach. But we do know how the disease is transmitted and how it may be prevented.

Pasteur's immortal glory is that he devised and put into practical use a means of prophylaxis against rabies. His experimental work was of course done on animals.

By a practicable modification of the Pasteur treatment, dogs in particular may be given a temporary immunity against rabies. One treatment suffices to give a reasonable degree of immunity which will last for one year. Theoretically, of course, a partial immunity lasting only one year, is far from perfect. In practical operation the method is **perfect**.

By this I mean that there never has been an instance in which reasonably conscientious application of dog-immunization has failed to stop an epidemic of rabies in a community and to keep it stopped.

The same thing is true of smallpox vaccination. There has never been an instance in which reasonably general vaccination has failed to stop an epidemic of smallpox and to keep it stopped. One of the most pathetically humorous things in the world is the way in which anti-vaccinationists flock to be vaccinated in the face of an outbreak of smallpox. Humorous because it furnishes such an amusing contrast between preaching and practice; pathetic because it throws such an uncomplimentary light on human intelligence.

These remarks are prompted by a study of the distribution of antirabic virus in Florida during the past five years.

During the years 1927, 1928, 1929, 1930 and 1931, the State Board of Health has distributed 2438 complete antirabic treatments.

Two of these were sent to Sarasota on the dates, June 4th, 1927, and October 25th, 1927. The writer asked the Health Officer for the City and County of Sarasota to explain why his district did not have its

BUREAU OF DIAGNOSTIC LABORATORIES

due share of rabies. His letter explains in full:

"Dear Doctor Eaton:

"There is no mystery about the rabies situation in Sarasota. Since May 2, 1927, no dog license has been issued until it has been shown that the animal for which a license is sought has been immunized against rabies within a period of one year. Stray dogs are destroyed. Q. E. D.

Respectfully,

(Signed) John R. Scully, V. M. D.,
Health Officer, Sarasota County and City."

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
APRIL, 1932

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2103	1005	131	298	681	4218
Diphtheria	841	359	45	336	19	1600
Typhoid	369	182	54	46	42	693
Malaria	370	168	38	16	123	715
Rabies	11	7		1		19
Tuberculosis	239	117	18	42	25	441
Gonorrhea	618	243	23	132	23	1039
Kahn	3837	1196	160	863	130	6186
Water		44	50	210	33	337
Milk	604	627	71	814	175	2291
Miscellaneous	654	19	7	446	5	1131
	9646	3967	597	3204	1256	18670

Specimen Containers Distributed 7435

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	65 Packages
	5,000 units	13 Packages
Toxin Antitoxin.....		565 C. C.
Schick.....		5450 Tests
Toxoid.....		1332 C. C.
Tetanus Antitoxin.....	20,000 units	5 Packages
	1,500 units	3 Packages
Typhoid Vaccine.....		7235 Treatments
Vaccine Virus.....		2648 Capillaries
Antirabic Virus.....		50 Treatments
Carbon Tetrachloride.....		1980 Capsules

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

1931 BIRTHS



The total number of births registered which occurred in the state last year was 27,033 as compared with a total for the previous year of 26,991. This is a slight increase for 1931.

Statisticians all over the country have been giving careful thought to the allocation of records in order that the value of results obtained may be increased. There will be noted on the following pages the captions "Resident births" and "Recorded births". The totals under the caption "resident births" indicate the number of births listed as of the residence of the mother of the child. The totals under the caption "recorded births" indicate the number of births in the counties in which the births actually occurred.

There were last year 244 births in the state where the mother's residence was given as other states or countries. Thirty-two states are listed: 78 mothers from Georgia having been delivered in Florida, 36 from Alabama, 15 from New York, 13 from South Carolina, with a fewer number from the balance of the thirty-two states. Of the number mentioned, 8 mothers from foreign countries were delivered in Florida. The allocating of the records should prove very helpful in arriving at a better standard for comparison of one state or community with another.

NOTELETS

The trouble that can result from the lack of an official birth record has come close home to William H. Coleman of New York City and East Wiliston, L. I., the executive of the Grace Line who handles all immigration matters for his company. The Grace Line official has just closed an unusual chapter in immigration circles, particularly from the Florida angle.

A native of Ybor City, who has lived in Cuba, stowed away on one of the Grace Liners, north bound from Havana to New York City. He was found and, of course, sent to Ellis Island when the boat put into Manhattan harbor. This was in February, 1932, and there the young man stayed until the last of April because he could not show that he was a native of this country. After long investigations, the

midwife who was present at the birth and the requisite number of other witnesses were located so that a birth certificate could be issued by the Bureau of Vital Statistics of the State Board of Health. After receiving a certified copy of the birth certificate, Mr. Coleman petitioned the United States immigration officials to release the man as a full-fledged American.

* * *

The quarterly water bills of the City of Fort Lauderdale will carry with them a leaflet furnished by the State Board of Health giving reasons why birth and death certificates should be filed. The local registrar of this district, Miss Winifred V. Talbot, is using this means of educating the people of her district to the importance of registration.

BUREAU OF VITAL STATISTICS

Recorded and Resident Births by Color and By Counties—1931.

COUNTIES	RECORDED BIRTHS			RESIDENT BIRTHS		
	Total	White	Colored	Total	White	Colored
0. State.....	27,033	18,658	8,375	26,789	18,470	8,319
1. Alachua.....	623	345	278	609	332	277
2. Baker.....	166	123	43	170	128	42
3. Bay.....	329	259	70	318	250	68
4. Bradford.....	188	148	40	189	149	40
5. Brevard.....	193	117	76	203	128	75
6. Broward.....	381	196	185	385	202	183
7. Calhoun.....	167	139	28	164	138	26
55. Charlotte.....	49	38	11	54	44	10
8. Citrus.....	96	54	42	101	60	41
9. Clay.....	102	75	27	101	78	23
62. Collier.....	26	22	4	41	36	5
10. Columbia.....	322	188	134	315	180	135
11. Dade.....	2,199	1,626	573	2,172	1,593	579
12. DeSoto.....	206	185	21	176	158	18
56. Dixie.....	133	100	33	131	99	32
13. Duval.....	2,851	1,931	920	2,776	1,856	920
14. Escambia.....	1,079	881	198	1,051	855	196
53. Flagler.....	31	17	14	37	23	14
15. Franklin.....	111	67	44	112	69	43
16. Gadsden.....	616	225	391	591	209	382
64. Gilchrist.....	103	91	12	104	92	12
57. Glades.....	29	17	12	31	19	12
65. Gulf.....	53	31	22	54	31	23
17. Hamilton.....	217	129	88	214	128	86
58. Hardee.....	194	174	20	203	183	20
63. Hendry.....	58	50	8	65	59	6
18. Hernando.....	82	49	33	84	50	34
59. Highlands.....	218	175	43	219	177	42
19. Hillsboro.....	2,632	2,187	445	2,606	2,162	444
20. Holmes.....	296	284	12	304	290	14
66. Indian River.....	170	111	59	181	122	59
21. Jackson.....	835	477	358	832	475	357
22. Jefferson.....	312	57	255	313	56	257
23. Lafayette.....	106	102	4	109	105	4
24. Lake.....	456	314	142	468	324	144

BUREAU OF VITAL STATISTICS

Recorded and Resident Births by Color and By Counties—1931.

(Continued)

COUNTIES	RECORDED BIRTHS			RESIDENT BIRTHS		
	Total	White	Colored	Total	White	Colored
25. Lee.....	246	191	55	237	183	54
26. Leon.....	503	176	327	499	175	324
27. Levy.....	222	128	94	222	130	92
28. Liberty.....	99	60	39	104	63	41
29. Madison.....	427	170	257	425	171	254
30. Manatee.....	350	233	117	351	234	117
31. Marion.....	491	226	265	472	208	264
67. Martin.....	81	50	31	82	52	30
32. Monroe.....	230	175	55	233	178	55
33. Nassau.....	202	106	96	215	118	97
34. Okaloosa.....	240	219	21	242	220	22
54. Okeechobee.....	60	58	2	70	68	2
35. Orange.....	857	651	206	827	619	208
36. Osceola.....	137	96	41	141	101	40
37. Palm Beach.....	806	513	293	805	516	289
38. Pasco.....	190	148	42	183	143	40
39. Pinellas.....	897	717	180	856	688	168
40. Polk.....	1,408	1,092	316	1,403	1,086	317
41. Putnam.....	325	172	153	324	172	152
42. St. Johns.....	348	215	133	336	210	126
43. St. Lucie.....	142	103	39	127	89	38
44. Santa Rosa.....	314	270	44	319	276	43
60. Sarasota.....	188	141	47	189	141	48
45. Seminole.....	363	163	200	368	168	200
46. Sumter.....	188	115	73	187	116	71
47. Suwannee.....	408	244	164	414	250	164
48. Taylor.....	181	130	51	183	133	50
61. Union.....	171	140	31	170	138	32
49. Volusia.....	640	463	177	638	462	176
50. Wakulla.....	107	62	45	109	64	45
51. Walton.....	272	223	49	269	219	50
52. Washington.....	311	224	87	306	219	87

BILL JONES GOES CAMPING



Bill: "This looks like a good place. Let's stop here for the night."



Bill: "Nothing like pure country air and water for your health."



Mrs.: "No matter how pure this water looks, you don't get a drop to drink until it's been boiled twenty minutes." Bill: "Gee, Ma, you're fussy!"



Bill: "It's good you boiled that water, Ma, look where it came from!"

They Often Do

"How's your wife coming along with her driving?"

"She took a turn for the worse last week!"

No Wonder

Street Car Conductor. "Madam, this transfer has expired."

Irate Traveler. "Well, no wonder, I nearly did myself, this car is so poorly ventilated."

Stop, Look, & Listen

Kind Gentlemen, (to little boy eating an apple) "Look out for the worms, sonny."

Small Boy. "When I eat an apple the worms have to look out for themselves."

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

JULY, 1932

No. 7

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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Also Executive Officer and Secretary of Board.

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TampaHenry E. Palmer, M. D.
TallahasseeEdward M. L'Engle, M. D.
Jacksonville**STATE HEALTH OFFICER**

Also Executive Officer and Secretary of Board

Henry Hanson, M. D.

BUREAUS AT JACKSONVILLEDiagnostic Laboratories.....
*Vital Statistics.....
Communicable Diseases.....
Engineering.....
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Librarian.....**DIRECTORS**Paul Eaton, M. D., D. P. H.
Stewart G. Thompson, D. P. H.
F. A. Brink, M. D.
Louva G. Lenert
G. Wilson Baltzell
Elizabeth Bohnenberger

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Tallahassee..... H. A. McClure, M. D.
Valrico..... A. C. Hamblin, M. D.
Vero Beach..... C. W. Pease, M. D.**TUBERCULOSIS AND EPIDEMIOLOGY**

Jacksonville..... W. A. Claxton, M. D.

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Miami..... George B. Reed
Ocala..... C. A. Holloway
Orlando..... Russell Broughman
Tallahassee..... C. N. Hobbs
Tampa..... D. H. Osburn
Tampa..... S. D. Macready**PUBLIC HEALTH NURSES**Ft. Pierce..... Annie Gabriel, R. N.
Ruskin..... Joyce Ely, R. N.
Starke..... Mary G. Dodd, R. N.**MALARIA RESEARCH**Tallahassee..... Mark F. Boyd, M. D.
(Rockefeller Foundation)**MALARIA CONTROL**Jacksonville..... T. H. D. Griffiths, M. D.
(U. S. Public Health Service)

ADMINISTRATION

Henry Hanson, M. D., State Health Officer

EXPECTATIONS OR DEMANDS

Some expect the Health Department to do everything from trimming toe nails to cutting hair. In times like the present many people are on a reduced income, and are dependent on welfare, charity or some social organization like the Red Cross or the Salvation Army for clothes, food and medical care. The Health Department is interested in a clear understanding of what you want it to do.

In general a Health Department deals with preventive medicine as contrasted with curative medicine and up to now has regarded vaccinations against disease as one of its legitimate functions. The giving of the Schick test, the tuberculin test, etc., has been assumed to be work for the medical Public Health Officer. This, in addition to a visitation of those sick with such communicable diseases as smallpox, leprosy, diphtheria, scarlet fever, plague, cholera, typhus and a number of other conditions which cause terror when announced in the community, has been regarded as an unquestioned function of the health officer.

The public has come to expect a service of the Health Department which varies with the demands or expectations of certain social organizations and the attitude of the local medical society to free medical service, or shall we say, "State Medicine." In the final analysis any medical service rendered by the state is State Medicine.

What service has the public a right to expect?

Many fail to see that they are imposing on the physicians when they request various services without remuneration; for example, when you ask this and that doctor to examine groups of children and do various operations free of charge. The physician is expected to examine school children and teachers without receiving pay for the work. Naturally he objects and does not see why he should be called on to contribute his stock in trade any more than the merchant. He feels that it is very much like asking the groceryman to contribute free groceries. The groceryman may do so in cases of emergencies but he does not recognize any right of the people to demand that he should continue to do so.

It seems to be difficult to get a clear and fair understanding of what the public has a right to demand of the doctor. On account of such lack of understanding the medical health officer has sometimes become entangled in the threads of activities forming a tie between the Health Officer, the program of preventive medicine and the work of the physician in private practice. In actuality the public has no right to make any demands of the private practicing physician. There are, however, some grounds for making demands of the Public Health Officer. The extent of his activities needs further clarification. It is

ADMINISTRATION

very important that he should work in the closest harmony with the family physician, who is always the first to discover and report communicable disease.

WHAT TO DO FIRST

When you are bitten by a dog, the first and most important thing is to confine the dog where he can be kept for observation for ten days or two weeks. Unless the dog is kept where he can be observed, the veterinarian or the health department will have no way of determining whether or not the dog is mad.

In the case of bites where the dog gives fairly definite symptoms of being mad, the dog should also be confined and immediately after seeing that the dog is confined, the person bitten should go to his doctor to have the wound treated. The only chemical which we know of at the present time which has any effect on the rabies virus (the infectious material in the dog's saliva) is fuming nitric acid. Your doctor should introduce some of this fuming nitric acid directly into the wound and as deep as the wound itself. The July issue of the Journal of the Florida Medical Association has an article which suggests to all doctors that they treat dog bite wounds with fuming nitric acid and in that, it tells how the treatment is to be carried out. This treatment with fuming nitric acid may in some instances cause a very nasty sore but, even so, it is better than taking a chance on dying with hydrophobia. The probability is that this fuming nitric acid will destroy enough of the rabies virus so that the antirabic treatment will have time to set up the immunity which will protect against the bite.

Do not fail to go to your doctor promptly or to advise any friend to go promptly to a doctor for treatment in case of dog bite.

LIBRARY

Elizabeth Bohnenberger, Librarian

LIBRARY NOTES

- List of books received at the library during the month of May:
- Brown, Lawrason—Rules for Recovery from Pulmonary Tuberculosis, Phila., Lea, c1928.
 - Cort, Wm. W. and others—Investigations on the Control of Hookworm Disease. 10 pts., Reprint Am. Jl. of Hygiene, 1921-1922.
 - Diphtheria Prevention in the City of New York. N. Y., Diphtheria Prevention Comm., 1932.
 - Franzen, Raymond—Physical Measures for Growth and Nutrition. N. Y., Amer. Child Health Ass'n., 1929.
 - Jacobs, Philip P.—Tuberculosis Worker. Balt., Williams and Wilkins, 1923.
 - Koch, Robert—Aetiology of Tuberculosis. N. Y. Nat'l. Tuberculosis Ass'n., 1932. (This is a new and very fine translation of

LIBRARY

Koch's original paper, reprinted as a centennial tribute.)

Myers, J. A.—Tuberculosis Among Children. Springfield, Ill., Thomas, 1930.

National Tuberculosis Ass'n—Directory of Sanatoria and Hospitals for Tuberculosis. N. Y., The Ass'n., 1932.

Nicholson, E. E.—Study of Tuberculosis Mortality Among Young Women. N. Y., Nat'l Tuberculosis Ass'n., c1932.

Public Health in New York State—N. Y., Dept. of Health, 1932.

Turner, C. E.—Voyage of Growing Up. N. Y. Health, c1928.

Wooten, Kathleen—Health Education Procedure. N. Y., Nat'l Tuberculosis Ass'n., c1926.

The books on tuberculosis are the gift of the Florida Tuberculosis and Health Association. This gift also included over fifty pamphlets and reprints of current information on the subject of tuberculosis.

The library now has over nine hundred books catalogued, and a file of pamphlet material is also available.

A. M. A. Journals Needed to Complete File:

1919: October 25.

1920: January 3, 17; February 14; June 12; July 17.

1921: July 16; August 20.

Interesting Books By Medical Men

Story of San Michele—by Axel Munthe. A great medical man's zest for life, in charming prose.

Elephant Man—by Sir Frederick Treaves. Brilliant human essays by a king's physician.

Osler—by Read. A book for every doctor's book shelf.

Noguchi—by Eckstein. A colorful account of this great scientist.

Story of Medicine—by Victor Robinson. An entertaining and instructive history of medicine from cave man to the machine age by a professor of medical history at Temple University.

Sir Arthur Newsholme's "State Medicine" is just off the press and is creating much interest for its thorough and enlightening treatment of this subject.

A. J. Kronin, who has overnight become a leading novelist, is a Scotch physician. His "Hatter's Castle" has received high critical praise and is on the list of "best sellers."

DIVISION OF MALARIA RESEARCH**Mark F. Boyd, M. D., Director****MOSQUITOES**

Summer rains, warm weather, and tin cans, pails or any other receptacles that hold water are a combination that will guarantee mosquitoes to any householder who tolerates the accumulation of trash on his premises.

Many health departments are making preparations to wage the annual war on mosquitoes. Regardless of whether such activities are planned, every Florida citizen can do much to reduce the mosquito nuisance through his own efforts. The health departments will appreciate such cooperation, and in any event, the householder will benefit.

Mosquitoes, of which we have many kinds, breed in water only. Fortunately the species that annoy people are few, while of several, most individuals will be produced on the premises where annoyance is felt. Attention paid to the following and similar points will largely reduce the opportunities for mosquito breeding. Remove all trash from the back yard, including old cans, pails, bottles, and automobile tires or bodies. Clean up the premises. Put new washers in leaky hydrants. Screen rain-water barrels or oil them regularly. Get some top-minnows and place them in lily pools and cisterns. Look over the roof gutters and drain-spouts and remove trash and straighten up any sagged portions. Fit tight covers to water closet flush tanks. Change the water in flower vases frequently. The effluent from septic tanks should discharge into sub-soil tile drains. If discharged on the surface mosquito breeding will occur. If there are low spots in the yard where water stands for days after a rain, either fill or drain these places. In any event before complaint is made about mosquitoes to the health department be sure that your own premises have been thoroughly inspected and found free from mosquito breeding places.

SPLASH!

Children learn to swim easily if the instructor makes a game of the sport by appealing to their imagination. Reference to mechanical ideas, such as the steamboat and the windmill, are valuable psychologic devices to reduce fear. The Brink System is excellent for initial lessons with groups of young boys or girls. Gaining the child's confidence is highly important. Moreover, childrens' restlessness and lack of attention are factors that must be considered. Breathing in through the mouth and out through the nose is correct when one is swimming, and instruction in breath control should be given in the early lessons. No matter how poorly a child swims, when he can take his feet off the bottom and swim a few strokes he has overcome the greatest hazard—the mental hazard. In the July Hygeia, Bob Boardman offers practical suggestions for the young swimmer.

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****MILK SANITATION**

To raise the average level of milk safety, to simplify the milk sanitation enforcement work of the health officer, to increase milk consumption, and to reduce the cost of milk sanitation, are the more cogent reasons for the endorsement by the Florida State Board of Health of the Public Health Service Milk Ordinance as the model milk ordinance and its further recommendation that it be adopted and enforced by the cities and towns of this State.

The public health significance of this work was considered sufficient reason for detaching a member of the staff from other duties to inaugurate and develop this most important program. Cities and counties will be encouraged to adopt this uniform milk ordinance and assistance will be given in obtaining and training local personnel in milk sanitation organization and enforcement, and in whatever problems may be encountered. Periodically these communities will be visited and rated for the purpose of encouraging uniformity and excellence in local enforcement work.

It has long been realized that state-wide minimum requirements under state supervision was not the channel through which the milk problem should be handled. The milk sanitation structure is so fragile that only close continuous supervision can insure the safe operation of any milk producing or distributing plant, even though equipped with the most modern improvements, in the hands of the ignorant, careless, or unscrupulous operator. It would be impossible, if not undesirable, to provide enough inspectors to insure statewide compliance with any milk sanitation grades. There would also be the duplications, annoyance and chaos encountered in the industry when subjected to so many inspections. There are some producing dairies in the State today subject to as many as three and four sets of inspectors, each one of which has an individual interpretation of what was thought by his community or department to be the most desirable or expedient system of milk sanitation. With no less than three of such approaching him in one week, can a dairyman be blamed for "going off his feed"?

While the role of enforcement by local authorities is to be encouraged as far as possible, the responsibility placed upon this department in safeguarding the public health is fully recognized and there has been no repeal of the regulations adopted several years ago with reference to construction and operation of dairies. Many individuals have concluded that because the 1931 milk law being enforced by the State Department of Agriculture exempted all dairies of five cows or less from its provisions that these smaller dairies were now free lances under no ones jurisdiction. This is an error. All dairies, or any other industry or business in which matters of public health are involved, are subject to review and supervision of the State Board of Health at all times.

BUREAU OF ENGINEERING

There is a very decided trend among milk sanitation officials to favor but one or two or at most three grades of milk. These are certified, Grade "A" Pasteurized, and Grade "A" Raw. Certified Milk is produced under sanitary precautions specified by the American Association of Medical Milk Commissions and these are not usually mentioned in local ordinances and the sanitation of this grade of milk is supervised by a local medical Milk Commission. The standards most widely adopted today are the Grade "A" Raw and Grade "A" Pasteurized Milk, requirements of the Public Health Service Ordinance, representing standards of quality which, if satisfied, would make raw milk as safe as raw milk can practically be made, and would make pasteurized milk as safe as any milk can be made.

The mistake is frequently made, however, of refusing to recognize other grades of milk outside of those mentioned. It becomes a matter of the ostrich hiding his head in the sand. The different grades are there whether they are admitted or not. Why not take advantage of the degrading privileges of the model ordinance and let the consumer put the tardy dairyman out of business rather than penalize all of the better milk producers by designating improperly produced milk as Grade "A" when it actually belongs one or more grades lower. This ordinance defines and recognizes every grade of milk, but the community is free to limit the grades which may be sold to as few grades as it deems suitable or expedient, permitting the sale of a lower grade only during temporary periods of degrading during which a producer must either come back into grade or have his permit revoked. Without the degrading provision, how many health officers will revoke a dairyman's permit because the screens to his milk house have rusted out, or because his milk house floor is dirty, or some of his cows are not tuberculin tested, or manure removal is not accomplished at sufficiently frequent intervals? If the health officer does revoke the permit as he should under such circumstances and the dairyman continues to sell milk, will the court or jury bring in a conviction and forbid the sale of such milk? Echo says "No!" It may sound right on paper, like figuring profits on squabs, but it is a rare occasion in practice. The result is that the health officer overlooks violations of that nature and we come back to where we started with good milk and poor milk with the same label on all.

What is the answer? The State Board of Health is ready to assist in furnishing the solution. The Public Health Service Milk Ordinance and Code is the child of no individual, clique or organization, but is the result of many years of study and experience, having been adopted by nearly 500 American Municipalities and has also been approved by the Bureau of Dairy Industry of the U. S. Department of Agriculture. It is urged for adoption and enforcement by every community in the State.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****DO THE GOOD DIE YOUNG?**

The more highly civilized a nation is, the more attention it pays to the health of its citizens and the longer the average life of said citizens.

Everybody must die of course, but most of us are willing to put it off as long as possible. During the past half century there has been a considerable saving of life from certain forms of communicable disease and this saving has of course operated on the younger age groups. That is to say, infant mortality has been lessened (infant mortality is a technical term defined as the ratio of deaths under one year of age to live births during the same year), and deaths in adolescence have been cut down. This has very naturally caused an increase in the proportion of deaths occurring at more advanced ages. The net result of the application of public health measures has been to cause some authorities to view with alarm the increased death rates after age forty. With these rates as a text they preach excellent sermons on the evils of our mode of life.

It is true that according to the standards of the Neanderthal man, we lead highly unnatural lives. According to the standards of the pioneer settlers in this country, our lives are unnatural. Daniel Boone and his contemporaries had to look out for an Indian or two when they went out into the woods for breakfast. We have to look out for automobiles coming from four or five directions at once, man-hole covers blown off sewers by explosions of waste gasoline, and monkey wrenches dropped from aeroplanes. The pioneers had to look out in front, behind, to right and left. We have to look out in all these directions and up and down besides. Small wonder that some mentalities cannot stand the strain. Those who can will survive. Their lives will be fuller and on the average longer. But here is the catch. None or at the most few of them will live to be more than one hundred years old. This being the case, the death rates among those of the older age groups is bound to be higher than it used to be.

This is a simple problem in arithmetic. If fewer die in early life and none exceed the age limit previously established it is easy to see that the problem can work out only in one way.

Instead of being worried about the increase in the death rate from cancer, heart disease and kidney disease, we should accept this increase as an index of the value of our work along the lines of public health and preventive medicine.

The tendency of communicable disease control, being to diminish deaths from such diseases, is inevitably to increase the total numbers of deaths and the death rates from the degenerative diseases. When typhoid fever, malaria, diphtheria, scarlet fever, etc., are abol-

BUREAU OF DIAGNOSTIC LABORATORIES

ished, and everybody dies from the degenerative diseases, health authorities may be permitted to do something about it.

For the present, if anybody is worried about the increase in heart disease, let him remember that a very certain way of keeping people from dying of heart disease, is to let them die of diphtheria.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF MAY, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1446	764	53	793	244	3300
Diphtheria	639	497	31	313	5	1485
Typhoid	451	220	39	35	40	785
Malaria	484	193	43	32	96	848
Rabies	26	12		1		39
Tuberculosis -	215	89	14	18	14	350
Gonorrhea	640	276	49	89	27	1081
Kahn	3895	1084	163	770	91	6003
Water		463	45	307		815
Milk	434	458	6	1057	64	2019
Miscellaneous	201	30	2	409	7	649
	<u>8431</u>	<u>4086</u>	<u>445</u>	<u>3824</u>	<u>588</u>	<u>17374</u>

Specimen Containers Distributed.....6889

Biological Products Distributed

Diphtheria Antitoxin	10,000 units	49 Packages
	5,000 units	14 Packages
Toxin Antitoxin		3384 C. C.
Schick		1900 Tests
Toxoid		1620 C. C.
Tetanus Antitoxin	1,500 units	6 Packages
Typhoid Vaccine		5335 Treatments
Vaccine Virus		2679 Capillaries
Antirabic Virus		84 Packages
Carbon Tetrachloride		720 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****PLANT MINNOWS**

Apostles of Isaac Walton, great or small, could find no more exciting, healthful or profitable outdoor recreation than fish culture—the breeding, transplanting, study and identification of the small, live-bearing tropical fish of Florida. These are the wiggletail eaters, the mosquito destroyers that feed upon the larva of the malaria-carrying anopheles and the pestiferous culex, devouring those evil insects in their very infancy.

Boy Scouts

seek to do a good turn each day. Everyone should do a good turn now and then. Try taking a ramble over the entire area within a mile of your house. Carry a water bucket and fine mesh dip net. See how many bodies of standing water you can find and dip them for minnows. If ponds are found in which there are none, proceed until you find minnows, gather as many as you can and distribute them in the ponds where none were found. For study and observation a few specimens may be retained and kept in glass jars or a fish bowl from the ten cent store.

Fish will control mosquito breeding under ideal conditions. It may take time for them to become sufficiently numerous to devour all the larva. Trash and vegetation if present will protect the larva from the fish, hence their removal is advised. Some ponds can easily be drained by lowering slightly their natural outlets. Other well known measures for mosquito control are filling, oiling and dusting with lime-paris-green mixture.

Rain Follows Drouth

Unless something is done to prevent, the ponds that went dry during the long drouth and were filled by recent rains, will hatch millions of mosquitoes to pester and inoculate us. Malaria frequently becomes excessively prevalent when rain follows drouth.

In times like these when people have more leisure than anything else, they can improve their hours very profitably as suggested above.

In sections where breeding areas are so vast that control is impossible people should reside in mosquito-proofed homes or migrate to higher land.

Unemployed?

Now is the time for all good men, residing in rural areas, to come to the aid of their country and their children by safeguarding the family from filth-borne and insect-borne diseases. With saw and hammer any unemployed handy man can build a privy and mosquito-proof his home.

A remarkably good job of home sanitation can be done at very little cost. Everything is cheaper now; it pays to use good materials and is better to buy now on credit than call a doctor later and have him "charge it." Now is a good time to catch up on the odd jobs at home and plant a garden rather than sit and worry.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

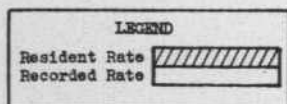
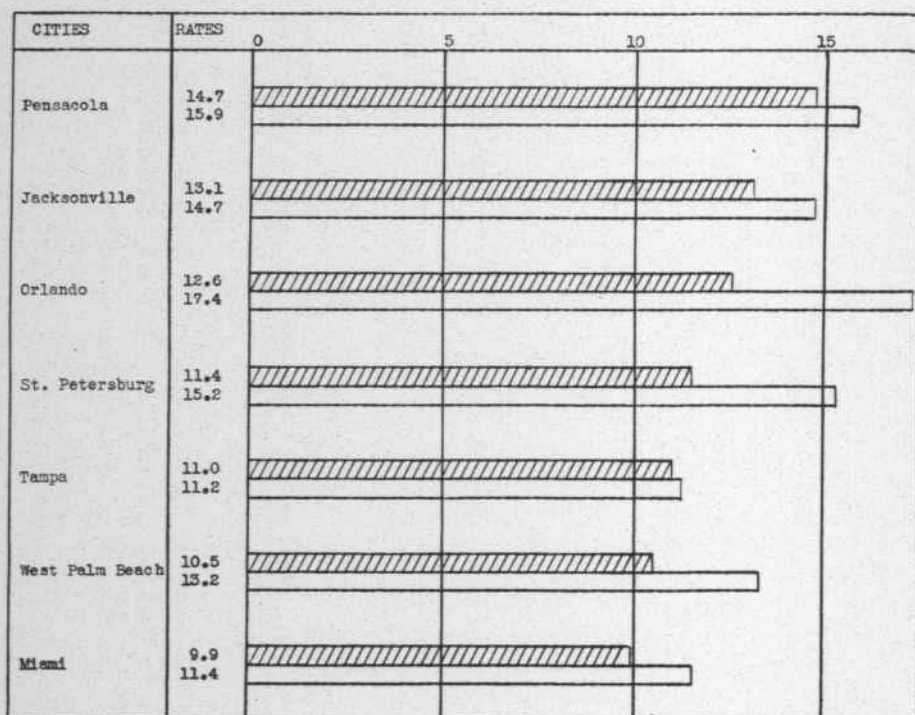
1931 DEATH RATES CERTAIN CITIES



The United States Bureau of the Census listed seven cities in Florida having 25,000 inhabitants or more. For comparison of mortality, a crude or general death rate is very unsatisfactory and often misleading. For a number of years, vital statisticians have endeavored to work out some means for the allocation of records.

A committee was appointed in the Vital Statistics Section of the American Public Health Association a few years ago and this committee has given the matter careful consideration. There being no clearing house for the records, a system of exchange between states was inaugurated and while not wholly satisfactory, it was a step in the right direction.

RESIDENT AND RECORDED DEATH RATES FOR CITIES
HAVING 25,000 POPULATION OR MORE, FLORIDA—1931.

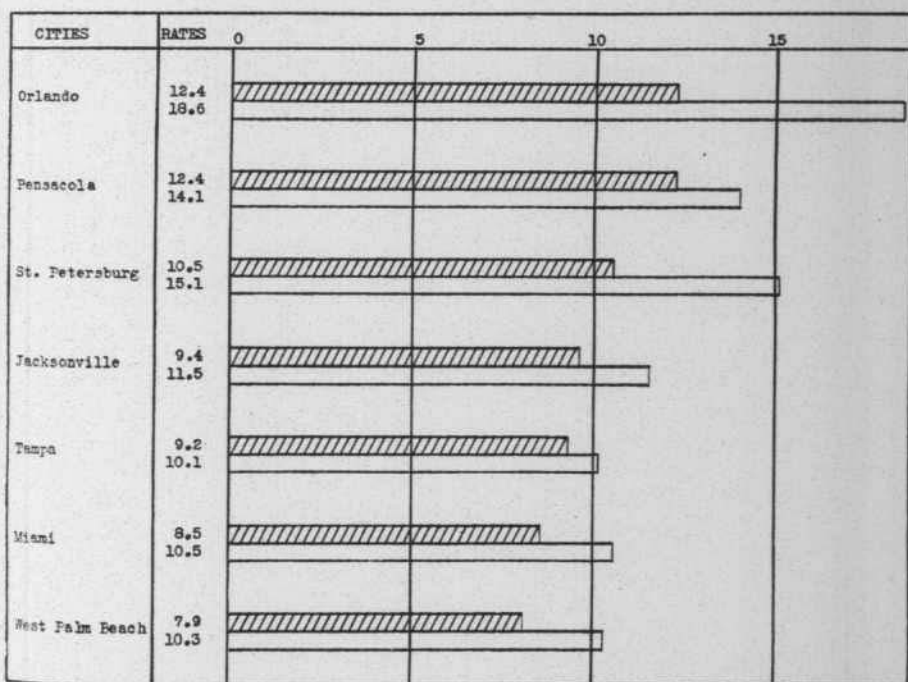




BUREAU OF VITAL STATISTICS

Beginning with the year 1931, however, the United States Bureau of the Census will act as a clearing house for all states. Copies of death certificates for persons who reside outside the state of Florida will be forwarded from Washington to the Vital Statistics Department of the state in which the decedent claimed his residence. Copies of death certificates for Floridians who die in other states will likewise be forwarded to the State Board of Health in Jacksonville. This will enable every city and state to publish death rates that will be much more comparable.

The charts and figures accompanying this article show a comparison of the resident and recorded death rates for the seven cities just classified. The recorded death rate is the number of deaths occurring in each city per 1,000 population. The resident death rate is the number of resident deaths per 1,000 population. To arrive at the number

RESIDENT AND RECORDED WHITE DEATH RATES FOR
CITIES HAVING 25,000 POPULATION OR MORE,
FLORIDA—1931.



WHITE		LEGEND	
Resident Rate			
Recorded Rate			



BUREAU OF VITAL STATISTICS

of resident deaths, the death certificates of decedents whose residences were outside the area designated have been deducted and the death certificates for decedents claiming the area as their residence but who died elsewhere have been added. When all states and cities publish authentic tabulations on resident deaths, we will then have a comparison much more complete than has heretofore been the case.

Considering now the seven cities in Florida having 25,000 population and more, it will be noted that the city of Miami has the lowest resident rate in this group, i. e., 9.9. West Palm Beach has the next lowest rate of 10.5 and Tampa is third with a rate of 11.0. Orlando has the highest recorded rate in this group but after the death certificates for non-residents have been deducted, Orlando falls to fifth place with a resident rate of 12.6.

Rates among the white population for the seven cities give West Palm Beach the lowest resident rate, i. e., 7.9; Miami second with a rate of 8.5 and Tampa in the same position as in the other chart, third, with a rate of 9.2. Jacksonville goes into fourth place with a rate of 9.4. The classification into recorded and resident rates will eventually prove very interesting and should be of more value than the mortality rates as published in the past.

NOTELETS

The application of the Florida Public Health Association to affiliate with the American Public Health Association was approved June 15th. The Florida Public Health Association is, therefore, an official affiliated society of the international organization.

* * * *

Horatio Newton Parker, president of the Florida Public Health Association at a meeting of the Executive Committee was recently appointed to represent the Association on the Governing Council of the A. P. H. A.

* * * *

The typhoid fever death rate in Florida last year was 5.8 per 100,000 population as compared with a rate of 4.9 for the previous year. The rate for the United States Registration Area in 1930 was 4.8 as compared with a rate of 4.2 for the previous year.

The malaria death rate in Florida last year was 13.6 as compared with a rate of 22.4 for the previous year.

* * * *

The death rate from diphtheria in Florida last year was 4.9 as compared with a rate of 5.3 for the previous year.

* * * *

The death rate from automobile accidents in Florida last year was 34.1 as compared with a rate of 38.1 for the previous year. The reduction in the death rate from automobile accidents in Florida is very encouraging.

* * * *

The death rate in Florida from pneumonia (all forms) last year was 57.3 as compared with a rate of 60.9 for the previous year. The death rate from this disease in the United States Registration Area for 1930 was 91.6 as compared with a rate of 83.2 for the previous year.

BUREAU OF VITAL STATISTICS

Resident and Recorded Deaths and Rates Per 1,000 Population by
Color for Cities (having 25,000 inhabitants or more, last census)
Florida, 1931.

CITIES	RESIDENT		RECORDED	
	Deaths	Rate	Deaths	Rate
Pensacola.....	464	14.7	503	15.9
White.....	275	12.4	312	14.1
Colored.....	189	19.9	191	20.1
Jacksonville.....	1728	13.1	1945	14.7
White.....	785	9.4	964	11.5
Colored.....	943	19.6	981	20.4
Orlando.....	367	12.6	507	17.4
White.....	261	12.4	393	18.6
Colored.....	106	13.1	114	14.1
St. Petersburg.....	476	11.4	637	15.2
White.....	359	10.5	518	15.1
Colored.....	117	15.2	119	15.5
Tampa.....	1150	11.0	1180	11.2
White.....	763	9.2	838	10.1
Colored.....	387	17.4	342	15.4
West Palm Beach.....	302	10.5	378	13.2
White.....	150	7.9	195	10.3
Colored.....	152	15.7	183	18.9
Miami.....	1114	9.9	1285	11.4
White.....	741	8.5	913	10.5
Colored.....	373	14.7	372	14.7

A HEALTH POSTER *for* the CHILDREN

CUT THIS OUT, COLOR IT NICELY, PASTE ON A PIECE OF CARDBOARD AND HANG IT UP IN YOUR ROOM.

WHAT GOOD TEETH DO:

Chew our food - thus aiding digestion.
Help us speak distinctly.
Make us good looking.

WHAT NEGLECTED TEETH DO:

Cause bad breath.
Prevent digestion.
Spoil our looks
Promote toothache and decay.
Cause several serious diseases.

FOR *the* GOOD of MY TEETH I WILL:

Eat lots of fresh fruits and vegetables
Drink plenty of milk.
Use dental floss often.
Clean with a brush after meals
and before going to bed.
Visit the dentist at least twice a year.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

AUGUST, 1932

No. 8

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

WHY PASTEURIZE MILK — *Eaton*

A CURE FOR DEPRESSION — *Brink*

WHOSE RESPONSIBILITY? — *Hanson*

URBAN AND RURAL DEATHS — *Thompson*

EDUCATION AND FILTH DISEASES — *Lenert*

LICENSED AND REGISTERED MIDWIVES—*July 15, 1932*

HENRY HANSON, M. D., STATE HEALTH OFFICER

Also Executive Officer and Secretary of Board.

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Tampa.....	S. D. Macready

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Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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Henry Hanson, M. D., State Health Officer

WHOSE RESPONSIBILITY?

Some may wonder why we continue to urge the people to go to the family physician to learn how to keep well. The question may be asked, "Isn't it the legal duty of the Health Officer to look out for the public health?" The answer is, "yes." It is not the duty of the Health Department, however, to treat the sick. When any one is taken sick in a household, the family physician should be called first. It is the family physician who first determines the nature of the illness, sometimes by direct examination of the patient and then again not until after a careful history of other factors having a bearing on the case have been considered. The family physician will then give advice as a part of his treatment on things which it is necessary for the patient to do in order to get well, and to others of the family on how to continue in good health.

If it is a case of sickness which can easily be carried from one to another like diphtheria, scarlet fever, measles, typhoid fever, meningitis, smallpox or some other "catching sickness" the doctor reports to the Health Department and the Health Officer then in consultation with the family doctor looks into the circumstances connected with the case. The next thing for the Health Officer is to do what is necessary to prevent spread of sickness. If it is diphtheria, typhoid fever or smallpox, etc., the family doctor will either vaccinate all who have been exposed or he will ask the Health Officer to do so.

The family doctor is always first to find contagious disease. The Health Officer is carrying out the measures which the family doctor has found effective to prevent the spread of sickness; that is, those things which he has learned by years of experience will keep others from contracting disease.

If your doctor keeps you and your family well and able to work, you can surely better afford to pay him for this than you can afford to pay him to get you well after you are sick-a-bed, and unable to work.

When the family doctor for one reason or another fails to give the advice we have talked about or immunizing inoculations, the Health Officer who is responsible for the public health must step in and see that those things are done which the family doctor, for lack of time or other reasons, has left undone.

It is always a mystery why it takes constant urging and preaching to get the people to see the need for keeping healthy and well.

LICENSED AND REGISTERED MIDWIVES—July 15, 1932**Baker County**

Laura Austin, Olustee
 Mrs. Sara Hodges, Macclenny
 Lula Redic, Sanderson
 Mrs. L. Wilkerson, Macclenny

Bay County

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 Esther S. McClinton, Panama City

Brevard County

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 Mary Faison, Titusville
 Hester McNeill, Eau Gallie
 Mary Stone, Melbourne
 Cora Williams, Titusville

Broward County

Rebecca Alexander, Pompano
 Lizzie Anderson, Dania
 Pinkie Bishop, Hallandale
 Emma Cason, Pompano
 Willie Cason, Pompano
 Katie Covington, Ft. Lauderdale
 Beatrice Curry, Ft. Lauderdale
 Jane Davis, Hollywood
 Lillie Days, Pompano
 Hilda Knowles, Deerfield
 Amanda Johnson, Hallandale
 Alberta Wells, Ft. Lauderdale

Calhoun County

Katie Bannerman, Grand Ridge
 Mrs. Millie McCall, Broad Branch

Charlotte County

Cornelia A. Ponder, Punta Gorda

Citrus County

Agnes Livingston, R. F. D., Brooks-
 ville
 Mary Jane Mayo, R. F. D., Brooks-
 ville
 Mattie Taylor, Inverness

Clay County

Emma Knight, Hibernia
 Ella Lowe, Green Cove Springs

Columbia County

Pinkie Adams, Ft. White
 Mattie Curry, Lake City

Emily Gaskins, Lake City
 Patsy Harper, Lake City
 Rena Johnson, Lake City
 Mrs. Mary E. Kato, Lake City
 Nellie Lawrence, Lake City
 Rosa Robinson, Lake City
 Minnie Sewell, Watertown
 Georgia Shaw, Watertown
 Rebecca Singleton, Ft. White
 Florida Thomas, Lake City
 Carrie Wilson, Lake City

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Clarissa Clemons, Arcadia

Dixie County

Mrs. Lizzie Long, Cross City

Franklin County

Mrs. Ida Lolley, East Point

Gadsden County

Mary Bennett, Midway
 Rebecca Brown, Gretna
 Josephine Caldwell, Jamieson
 Mary Cleary, River Junction
 Elsie Davis, Quincy
 Nancy Edmons, Quincy
 Margaret Gunn, Quincy
 Ella Hogans, Quincy
 Julia Jenkins, Wetumpka
 Abbie McGill, River Junction
 Nannie McLean, River Junction
 Emma Nichols, Midway
 Ellen Owens, Havana
 Annie Powell, Quincy
 Rosa Sanders, Quincy
 Ida Whitfield, Quincy
 Elizabeth Wilson, Havana

Hamilton County

Louise Hankerson, White Springs
 Hannah Morgan, Jasper
 Sylvia Singletary, R. F. D., Lake
 Park, Ga.
 Sara Tomlin, Jasper
 Jenette Williams, White Springs

Hardee County

Lizzie Conyers, Bowling Green

Hernando County

Janie Langley, Brooksville

LICENSED AND REGISTERED MIDWIVES—July 15, 1932**Hendry County**

Clyde Taylor, Clewiston

Highlands County

Cora Benjamin, Sebring
Ida Hall, Sebring
Anna McKinney, Avon Park

Hillsboro County

Mary Anderson, Seffner
Lauretta Backey, Plant City
Abbie Burgess, Tampa
Mrs. M. Messina Caciatore, Tampa
Mrs. W. O. Cox, Plant City
Lucy Gallman, Sulphur Springs
Mrs. Guesippina Garcia, Tampa
Mrs. Adrienne Gautier, Tampa
Emma Gorden, Plant City
Julia Goodwin, Plant City
Mrs. Maria Messina Greco, Tampa
Mary Keeten, Tampa
Pricilla Lane, Sulphur Springs
Miss Carmelina Lazzara, Tampa
Carolina Monrow, Tampa
Mrs. Clemencia Perez y Nolasco
Baldor, Tampa
Viola Payne, Wimauma
Nettie Rutledge, Tampa
Stella Solomon, Tampa
Charity Taylor, Tampa
Mrs. Diamante Uрга, Tampa
Mrs. Guesipena Valenti, Tampa
Julia A. Wiley, Tampa
Vina Winston, Plant City
Daisy Young, Tampa

Holmes County

Mrs. Jane Anderson, Bonifay
Mrs. Lora E. Jacobs, Bonifay
Mrs. Manda J. Prescott, Westville

Jackson County

Martha Aaron, Marianna
Lou Belle Bowers, Bascom
Lavinia Brown, Cottondale
Dilcie Calloway, Marianna
Alice Cooper, Greenwood
Cherry Conley, Sneads
Belle Granberry, Marianna
Rachel Horne, Sneads
Chaney Long, Cottondale
Susie McCoy, Grand Ridge
Queen Merrett, Cypress
Crecia Pittman, Cottondale
Mattie C. Pollocks, Bascom

Nancy Robinson, Grand Ridge
Ella Simpson, Sneads
Amanda Thompson, Sneads
Clara Thompson, Campbellton
Louvenia Waddell, Campbellton
Julia Wooten, Sneads

Jefferson County

Georgianna Alexander, Greenville
Emma Clair, Lamont
Violet Ann Cobb, Monticello
Callie Daniels, Monticello
Nellie Deggs, Lloyd
Julian Geathers, Wacissa
Georgia Etta Haywood, Lloyd
Charlotte Henry, Monticello
Kate Powell, Waukeenah
Janie Perry, Aucilla
Judy Richardson, Lloyd
Pauline Miller, Lamont
Mary Ann Walker, Lloyd
Rachel White, Drifton

Lake County

Rena Bullard, Eustis
Maggie Evans, Umatilla
Adeline Gavin, Lady Lake
Jane Hardy, Okahumpka
Susie Hooks, Leesburg
Annie Kinslow, Mascotte
Fannie Rhodes, Leesburg
Mrs. Nancy Stewart, Mascotte
Annie Tanner, Lisbon
Sally Townesend, Clermont

Lee County

Mrs. Hattie E. Gore, Captiva

Levy County

Sophia Gadson, Williston

Madison County

Coda Alexander, Madison
Marie Brown, Greenville
Mattie Carnegie, Madison
Mary Cherry, Madison
Rachael A. Collins, Greenville
Alice Miler, Madison
Mary Pryor, Pinetta
Minnie Robinson, Madison
Maggie M. Thomas, Ebb
Francis Thompkins, Pinetta
Mary Williams, Lee

LICENSED AND REGISTERED MIDWIVES—July 15, 1932**Manatee County**

Cornelia Boaz, Bradenton
 Mary Brown, Palmetto
 Nellie Henry, Terra Ceia
 Rosa M. Hobdy, Manatee
 Mattie Jones, Manatee
 Susie Perkins Brown, Bradenton
 Mrs. J. W. Roberts, Manatee
 Isabelle Williams, Palmetto

Marion County

Henrietta Bagley, Sparr
 Lizzie Blackman, Morriston
 Cecelia English, Morriston
 Lillian T. Finley, Ocala
 Maggie Foster, Irvine
 Lydia Goodman, Ocala
 Lucinda Hartley, Ocala
 Eugenia Haynesworth, Dunnellon
 Victoria Heath, Reddick
 Anna Hooten, Candler
 Rivanna Johnson, Morriston
 Eliza McCoy, Lake Kerr
 Sallie McMahon, Reddick
 Malinda Mathews, Orange Lake
 Bessie Pharm, Weirsdale
 Kate Sherman, Reddick
 Cilla Small, Citra
 Amelia Stephens, Anthony
 Annie Stevenson, Ocala
 Hattie Thomas, Santos
 Lucinda Thomas, Irvine
 Maggie Virden, Ocala
 Lucy White, Martin
 Sylvia Young, Ocala

Martin County

Mae Beckford, Stuart
 Mary E. Goodbread, Jensen

Monroe County

Mrs. Lillie Carey, Key West
 Mary Evans, Key West
 Mrs. Isobel Lacedonia, Key West
 Hazel Saunders, Key West
 Georgiana Sawyer, Key West
 Mrs. Lulu Thompson, Key West
 Mrs. Lillie Pinder, Key West

Nassau County

Mattie Blue, Nassauville
 Emma Johnson, Callahan
 Eliza Jones, Callahan

Okaloosa County

Susie Pressley, Baker

Orange County

Mary Blount, Orlando
 Ethel Garrison, Orlando
 Pidy Jackson, Winter Garden
 Kizzie Paul, Orlando
 Amy Sheffield, Winter Park
 Lulu Smith, Zellwood
 Carrie Stokes, Apopka
 Sallie Tillman, Orlando
 Sally Williams, Winter Park
 Emma Young, Orlando

Palm Beach County

Minetta Blair, West Palm Beach
 Lucinda Bush, Jupiter
 Eliza Collier, Delray
 Hanna Davis, West Palm Beach
 Sylvia Delancy, Delray
 Esther Deveaux, West Palm Beach
 Henrietta Donaldson, West Palm Beach
 Irene Dukes, Belle Glade
 Dorothy Wilson Evans, Belle Glade
 Millie Gildersleeve, West Palm Beach
 Janie Green, West Palm Beach
 Carrie Harris, Belle Glade
 Elizabeth Jennings, West Palm Beach
 Eva Johnson, West Palm Beach
 Francis Haynes, Azucar
 Annie Lee, West Palm Beach
 Lena Lightbourne, West Palm Beach
 Daisy Matthews, West Palm Beach
 Adelaide Newbold, West Palm Beach
 Hattie Powell, West Palm Beach
 Mrs. Florence B. Smalley, Lake Worth
 Elizabeth Strachin, West Palm Beach
 Lottie White, Pahokee
 Amy Wilchcombe, West Palm Beach

Pasco County

Emma Hudson, Zephyrhills
 Janie Johnson, Dade City
 Annie Sirmons, Lacoochee
 Mrs. Alice Stanley, Zephyrhills

Pinellas County

Mrs. J. Adriaansen, Palm Harbor
 Phillis Bradwell, St. Petersburg
 Georgia Brown, St. Petersburg

LICENSED AND REGISTERED MIDWIVES—July 15, 1932

Maliccie Brown, Clearwater
Mamie L. Brown, St. Petersburg
Mary E. Brown, St. Petersburg
Sallie Givens, St. Petersburg
Rosa Harmon, St. Petersburg
Maggie Hayward, St. Petersburg
Julia Johnson, Tampa Shores
Angie Moore, St. Petersburg
Maggie Takall, Tarpon Springs
Cora Thomas Smith, Dunedin
Savannah Welch, St. Petersburg
Hattie Wideman, St. Petersburg
Olive Williams, St. Petersburg
Della Jackson, Clearwater

Polk County

Carrie Hinton, Ft. Meade
Eliza Kerney, Ft. Meade
Maggie Rorey, Homeland
Maggie Douglas, Pierce

Putnam County

Ruth Bolling, East Palatka
Mary Edge, Georgetown
Irena Ellis, East Palatka
Janie Graham, Palatka
Polly Jackson, Palatka
Mosella MacRae, Palatka
Lucinda Morris, Palatka
Gussie Smith, Crescent City
Laura Wilder, Crescent City

St. Lucie County

Malvina Gibson, Ft. Pierce
Mattie Littles, Ft. Pierce

Santa Rosa County

Georgiana Davis, Milton
Mrs. J. G. Floyd, Milton
Florence Holly, Milton
Annie McNeil, Milton
Tomena Thomas, Bagdad
Mrs. P. L. Young, Milton

Sarasota County

Lulu Jones, Sarasota
Emma Surles, Sarasota
Mrs. Nellie W. Smith, Sarasota
Lenora Brooks, Sarasota

Sumter County

Mary Epps Berry, Wildwood
Catherine Dorsey, Webster

Mary Shine, Wildwood
Maggie Smith, Webster
Liller Solomon, Wildwood
Mattie Wilson, Coleman

Suwannee County

Maggie Cason, Live Oak
Mary Fort, Live Oak
Betsey Hinton, Live Oak
Mrs. Mary L. Jones, Dowling Park
Lula McKeaser, Live Oak
Sulphina McZorn, Branford

Taylor County

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Lula Freeman, Boyd
Hester Graham, Perry
Lulu Miller, Perry
Mary E. Nesbit, Perry
Benzola Riley, Boyd
Bonnie Wright, Foley

Union County

Mary McFarland, Lake Butler

Volusia County

Delia Bennett, Daytona Beach
Mary Boyd Lawrence, Daytona Beach
Hettie Burney, Orange City
Louvenia Green, Deland
Henrietta Griffin, Deland
Julia Johnson, Daytona Beach
Louisa Keys, Daytona Beach
Roxie Massangale, Port Orange
Kissie Robertson, Oak Hill
Tilla Smith, Daytona Beach

Wakulla County

Mrs. Mary Revell, Sopchoppy
Mrs. Esther Roberts, Arran

Walton County

Christina Everett, DeFuniak Springs
Abbie Underwood, Ponce De Leon
Lulu Williams, DeFuniak Springs

Washington County

Mrs. J. J. Bush, Bonifay
Mary Copeland, Caryville
Amy David, Caryville
Nancy Pope, Chipley

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Elizabeth Bohnenberger, Librarian

LIBRARY BOOKS AND NOTES

Dr. Howard W. Haggard, in his book, "The Lame, the Halt, and the Blind", Harper, 1932, calls attention humorously and not too unkindly to the medical follies and foibles of this modern age. His theme is the everlasting credulity of man, and his willingness to believe the teachings and practices of quackery, the power of sympathy, and the ability of every man to offer his advice, gratis, on how to cure his neighbor. It is a book which every layman should read, and one from which the doctor will derive endless amusement and satisfaction.

The Milbank Quarterly Bulletin for July 1932, carries an article by Dr. Ray Lyman Wilbur entitled "The Economics of Public Health and Medical Care." In it, Dr. Wilbur discusses the findings of the Committee on Costs of Medical Care, the advancement in medicine, and the need for a wider distribution of benefits.

New Additions to the Library

- Franzen, Raymond. Influence of Social and Economic Factors on the Health of the School Child. N. Y., American Child Health Ass'n., 1932.
- Newsholme, Arthur. Medicine and the State. Balt., Williams and Wilkins, 1932.
- Hospital Service in the United States, 1932. Reprint from JI. of A. M. A., June 11, 1932.

BUREAU OF ENGINEERING

Louva G. Lenert, Director

EDUCATION AND FILTH DISEASES

Education is said to be the acquisition of knowledge, skill, or development of character, as by study or discipline—and we should like to add, **practice**.

Typhoid fever, dysentery, hookworm disease and other intestinal parasitic worm diseases may be said to cover the list of filth diseases, because the proper disposal of filth, including the feces and urine of human beings, is necessary in any control measures undertaken.

The most common of these in rural communities is hookworm disease, which is due to an infection of the small intestine with a small worm which produces anemia, emaciation, loss of strength and ambition and other forms of vital depression.

BUREAU OF ENGINEERING

The larvae may be taken into the mouth, but nearly always enter the body through the pores of the skin between the toes or on the feet or hands and find their way through a circuitous route to the walls of the small intestines where, as full grown worms, they attach themselves and produce the eggs which are passed off in the bowel discharges of the hookworm victim. These hatch in a few hours and develop into larvae which live in and infect the soil which was contaminated with the fecal discharges, and await the next victim with whose hands or bare feet they may come in contact. "Ground itch" and similar inflammatory skin irritations mark the periods of infection or passage of the larvae into the body.

The disease is chronic in character, the victims usually going about their business or occupations without any knowledge of the disease. In a recent investigation for typhoid carriers among a group of oyster shuckers, a routine hookworm examination of the feces disclosed more than fifty per cent were discharging hookworm ova. Examinations of school children still show an average infection of nearly thirty per cent.

Hookworm infections are more disastrous in their secondary results than in the primary effects, lowering the resistance and greatly increasing the chances of infection.

The control of the disease in theory is ridiculous in its simplicity. The patient is cured by a simple vermifuge and reinfection is prevented by the proper disposal of human wastes by building and using an approved type of sanitary privy.

This is an old story in many ways, lacking even a new dress to vary the monotony in telling why and how this disease can be so readily eliminated, and at the same time greatly lower the rates on the other filth diseases.

Education is the only permanent factor in eradicating this disease and its attendant evils, and its control depends largely upon changing the personal habits of the people. In 1915 the Legislature placed upon the Statutes of the State of Florida a law making it a misdemeanor to keep or maintain surface closets and privies in towns and thickly settled communities which were not in conformity with plans approved by the State Board of Health. While this is an excellent law which is being used daily by public health workers to force sanitary privy construction and sewer connections, it is a never-ending task without better education of the people concerned.

For a large part, the places where this education is most needed are very difficult of approach. Public health literature is unknown, in fact very little of any reading is done, and the population is difficult to approach. We have ignorance, apathy, poverty and uncleanness to overcome before we can hope to achieve any fundamental success in prevention and control.

BUREAU OF ENGINEERING

Our public schools which are used to train the minds and bodies of young Americans should undoubtedly include the fundamentals of prevention of the common filth diseases as well as other communicable diseases. Personal hygiene is taught in all of the grammar schools of the State and the principal modes of infection are learned. Children are taught these basic health measures, but let us visit our rural schools and see for ourselves if the children are obtaining the maximum good from this training. It might even be well to see if this training is all that can be desired in the semi-urban and urban schools.

The child learns from his textbook that he should keep his hands clean. Are basins, soap and water available to impress this piece of knowledge on his mind, or must the child accept the theory alone?

The common drinking cup is outlawed by all health authorities and the child is taught to avoid it, but when he is thirsty the necessity of drinking from the lip of the pitcher pump does not impress its dangers upon him; nor is it seemly to teach a child to drink only uncontaminated water when the drainage and seepage from the school yard drains back into the school water supply, or when no water supply is available and the child goes to the nearest creek or swamp to quench his thirst.

How can the cause of public health be furthered through education when at an institution of learning there are no provisions for the disposal of the human wastes other than the woods behind the school house? By the use of sanitary privies only can we hope to educate children in their use and in the proper control of the filth diseases. In educating the child, you educate the family.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

WASTE NOT WANT NOT — A CURE FOR DEPRESSION

It will be our aim, in this article, to adhere principally to the discussion of public health but to diverge a little for the sake of emphasis and illustration.

Many of the every day health-promoting and protective measures cost money; some of them very little, but others much more. In a time of financial distress, there are items of expense that must be eliminated from the family budget and while the omission of certain things will be harmless, there are others the lack of which may be seriously harmful, just as the operation of a machine without oil is harmful or permitting the roof to leak will cause great damage to a building and its contents.

BUREAU OF COMMUNICABLE DISEASES

We have no quarrel with any one who can afford to enjoy all the luxuries, pleasures and amusements afforded in these modern days, but we hold it to be the first duty of every householder to provide his dependants with the essentials of life, the things that will protect their health and promote normal physical and mental growth.

For the growing child, it must be agreed, the diet is an item of utmost importance. It is by no means necessary to purchase expensive foods for the children but certain articles must be provided with considerable regularity if our boys and girls are to remain well and grow into capable, self reliant men and women. The essentials of the child's bill of fare are milk, butter, eggs, fruit, vegetables, bread and cereals with the occasional addition of a modest portion of meat, chicken or fish. These are much more important than pies, pastry, fancy drinks or any form of amusement. It is reported that housewives, seeking low-cost meals are returning to such pioneer dishes as chowder, hominy, Irish stew, Hopping John and Cobblers.

In a home adequately screened so as to exclude mosquitoes and flies, the children are much safer from insect-borne diseases than they would be in an unscreened home or going here and there to seek entertainment and diversion. In many sections, the first line of defense—the only protection, in fact—against malaria is screening that effectually excludes from the home the anopheles mosquitoes whose breeding grounds are so extensive that their control is impossible.

A third essential health measure is the safe disposal of sewage. Careless scattering of human discharges is the cause of much sickness, suffering and want. Hookworm disease, typhoid fever, dysentery and other infections are propagated exclusively or largely by soil pollution and this in turn results from pure neglect and carelessness. Is it not a pity and shame that it should be necessary to urge any parent to put in sewer connections or build a privy of approved, sanitary type?

Probably nine families out of every ten spend in one year enough time, money and energy on non-essentials to provide an abundance of good food, to screen the home well, to sanitize the premises and still leave something for medical care in case of non-preventable sickness.

Everyone must form his own opinion as to what is non-essential, but any family could list all expenditures, item by item, for thirty days or longer and by studying the list learn which expenditures were necessary and which were not.

If health is wealth, and it positively is, then let us first seek health and the wealth of health and happiness will truly be ours.

"DIDN'T KNOW IT WAS LOADED"

Anyone who dies of diphtheria, typhoid or smallpox is just as dead and remains dead just as long as though he were shot down with a gun by a person who "did not know it was loaded." Anyone sick with one of these diseases may sustain greater injury than from the

BUREAU OF COMMUNICABLE DISEASES

accidental discharge of a firearm. Death or injury from these diseases may be avoided more certainly than that from guns. Preventive inoculations prevent sickness and death. They offer a ready and inexpensive form of health insurance.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

WHY PASTEURIZE MILK?

It goes without saying that no process or treatment can convert dirty milk into clean milk.

This being the case, we bend the major part of the energy we devote to milk to efforts to persuade, assist, or compel milk producers to handle their product from the cow to the consumer in such a manner that it may deserve to be called "clean" milk.

But a lot of trouble is caused by the difficulty of getting people to agree on a definition for cleanness. What one man calls and really believes to be clean milk another man will call dirty milk. Then there are personal differences to be considered. One man may be naturally "cleaner" in his handling of milk (or anything else) than another.

These facts necessitate the adoption of certain standards. Now a standard is always more or less arbitrary. As far as you are concerned, an inch might just as well be a little longer or a little shorter than it is, or a great deal longer or shorter for that matter. But it isn't longer or shorter; it is an inch; agreed upon by those who adopted the standard. So standards for the quality of milk are arbitrary. They are not as well established as the inch or the pound but there is some agreement as to what they should be.

We must, for example, demand that each milk producer have his cows tested for tuberculosis at least once a year. This does not mean that cows get tuberculosis once a year about the same time. It means that tuberculosis is a disease that is slow to develop and that since we cannot test cows for tuberculosis every day or every week, we have come to rely on an annual test because it has been found by experience that this procedure gives the greatest protection for the least expenditure of time, work and money.

We must require that those who milk the cows be free from contagious disease, and that they follow certain rules about personal cleanliness while at work. We must urge milk producers to construct their barns according to certain specifications; that they sterilize their utensils according to certain methods which have stood the test of time.

Finally, we must demand that the finished product when delivered to the consumer, shall not have more than a definite number (arbitrarily agreed upon) of bacteria per unit volume. This is because the bacterial content of the milk when delivered to the consumer is a general check on all that has gone before in the handling of that milk.

BUREAU OF DIAGNOSTIC LABORATORIES

Why then, after all this insistence on clean cows, clean barns, clean milkers, clean utensils, etc., which ought to result in clean milk, do we urge pasteurization? Why not call it clean milk and let it go at that?

There is a very good reason. No matter how careful the dairyman is he cannot be sure that the milk does not contain the germs of infectious disease, for the reason that at any moment somebody who handles the milk may get sick. And there are certain diseases of which it is unfortunately true, that sufferers from them are in their most dangerous state, so far as infecting others is concerned, before they really know themselves that they are sick. Neither the dairyman, the inspector nor the health officer can guard against this contingency unless he happens to be a "fortune teller". Since these wizards are scarce, we advocate Pasteurization.

Now there is another side to this matter. Nothing human is perfect, not even Pasteurization. The process is far from fool-proof and if not carried out properly it may do much more harm than good. But carried out carefully and conscientiously, it is an adequate protection against a danger which may aptly be described as "an enemy in the dark." Against this enemy we have absolutely no other protection and in the nature of the case can have no other protection.

It is safe to say that a dairyman who cannot be trusted to carry out Pasteurization as it should be done, cannot be trusted to carry out any of the other details of the process of producing clean milk.

NOTELETS

The first Institute on Health Education which will be conducted by the Public Health Education Section of the American Public Health Association will be held at the Hotel Willard, Washington, D. C., October 22, 23 and 24, 1932, immediately preceding the Annual Meeting of the Association, which opens Monday, October 24. The purpose of the Institute is to provide instruction in the content and methodology of Health Education to a limited

number of persons actively engaged in Health Education.

Application for enrollment in the Institute should be made on the prescribed form obtainable from the American Public Health Association, 450 Seventh Avenue, New York City. The registration fee is \$5.00 and must accompany application. Payment of fee entitles the student to all privileges of the Institute and to private consultation with the instructors, if desired.

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
JUNE, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	887	516	61	193	96	1753
Diphtheria	374	517	22	171	39	1123
Typhoid	521	242	53	51	59	926
Malaria	538	236	48	21	137	980
Rabies	30	11		7		48
Tuberculosis	190	88	12	43	10	343
Gonorrhea	698	264	62	122	49	1195
Kahn	3451	1101	197	734	141	5624
Water		160	2	465		627
Milk	481	545		980	159	2165
Miscellaneous	262	28	11	392	22	715
	<u>7432</u>	<u>3708</u>	<u>468</u>	<u>3179</u>	<u>712</u>	<u>15499</u>

Specimen Containers Distributed 5289

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	45 Packages
	5,000 units	14 Packages
Toxin Antitoxin.....		2536 C. C.
Schick.....		4300 Tests
Toxoid.....		405 C. C.
Tetanus Antitoxin.....		3 Packages
Typhoid Vaccine.....		7802 Treatments
Vaccine Virus.....		1020 Capillaries
Antirabic Virus.....		60 Packages
Carbon Tetrachloride.....		1024 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

URBAN AND RURAL DEATHS



In our state a majority of the citizens live in cities or towns of over 2,500 population. The population division of the United States Bureau of the Census classifies cities of 2,500 and over as urban and the balance of the population as rural. In Florida, 47.5 % of the population is rural and 52.5 % urban.

In last month's Health Notes, the difference between resident and recorded deaths was discussed and defined. In 1931, 58.3 % of the resident deaths occurred in the urban population and 41.7 % in the rural. The recorded deaths, i. e., deaths listed at the place of death show 36.9 % rural and 63.1 % urban. For the benefit of those who are interested in the geographical location of deaths, the following table has been prepared giving the number of deaths and death rates, rural and urban, white and colored, for the recorded and resident deaths.

TOTAL—FLORIDA—1931

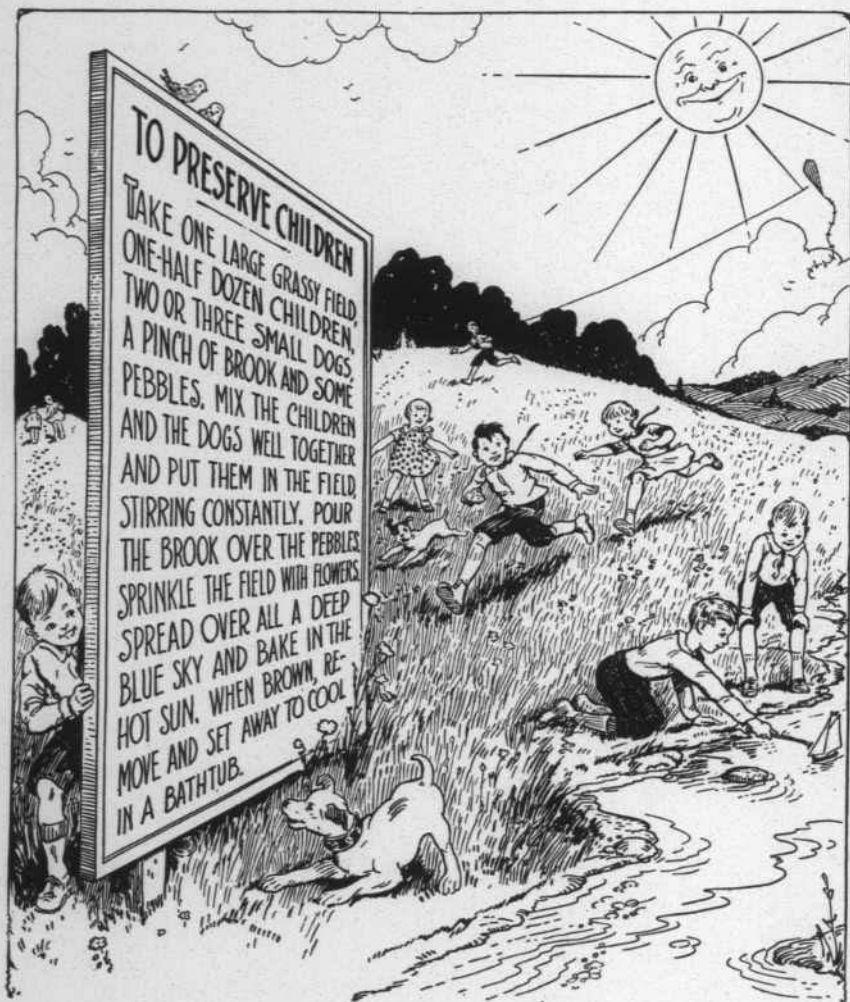
RECORDED				RESIDENT			
URBAN		RURAL		URBAN		RURAL	
Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
11,414	14.4	6,687	9.3	10,081	12.8	7,210	10.1

WHITE—FLORIDA—1931

RECORDED				RESIDENT			
URBAN		RURAL		URBAN		RURAL	
Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
7,241	12.6	3,815	7.8	6,020	10.5	4,241	8.6

COLORED—FLORIDA—1931

RECORDED				RESIDENT			
URBAN		RURAL		URBAN		RURAL	
Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
4,173	19.2	2,872	12.8	4,061	18.7	2,969	13.2



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

SEPTEMBER, 1932

No. 9

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

IF—TB — *Brink*

DETECTIVE STORIES — *Eaton*

MEETING THE BUDGET — *Hanson*

SELF-LIQUIDATING PUBLIC WORK — *Lenert*

MOSQUITOES AND THEIR CONTROL — *Griffitts*

MEETING A. P. H. A. WASHINGTON, D. C. — *Thompson*

HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

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STATE HEALTH OFFICER

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Henry Hanson, M. D.

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*Vital Statistics.....	Stewart G. Thompson, D. P. H.
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Jacksonville.....	W. A. Claxton, M. D.
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Jacksonville.....	(On study leave) Joyce Ely, R. N.
Jacksonville.....	Lalla Mary Goggans, R. N.
Starke.....	Mary G. Dodd, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

MEETING THE BUDGET

It may be of interest to the public to know what the experience of the State Board of Health has been in its effort to operate under the reduced budget. Owing to the fact that the amount available was not known until some months after the last session of the Legislature, the Health Department had continued on the basis of the previous year. After the State Board of Health met with the Cabinet and learned that it was a problem of adapting the program to the resources available rather than conforming to an amount authorized by the Legislature, it was learned that the Health Department had to base its operation on a budget somewhere between \$200,000.00 and \$220,000.00. A budget was worked out on the basis of about \$213,000.00 and salary cuts, readjustment in expenditures, readjustment in maintenance and operation were made in an effort to meet this stipulated sum.

One difficulty experienced was in an attempt to make the reduction retroactive. For instance, the full personnel of the Bureau of Child Hygiene and Public Health Nursing was carried for a full half year before the Board determined that there would have to be a temporary suspension of some of the activities. The major part of the activities of this bureau was temporarily suspended effective January 15th, after which the whole organization has been conducted in conformity with the reduced budget. At the close of the year, the Board found that it had come within \$15,000.00 of the amount suggested by the Cabinet.

The greatest difficulty experienced in operating on this basis was in keeping down the demands for biologics. There were more people than formerly who were unable to pay for such therapeutic agents as diphtheria antitoxin and tetanus antitoxin. For the first part of the year both prophylactic tetanus antitoxin and the therapeutic antitoxin were furnished to a limited extent. When we found that there would be difficulties with our budget the tetanus antitoxin was eliminated from among the products furnished by the State Board of Health. This makes it very difficult for physicians who are treating indigent cases and it is a question of either letting a patient die or obtaining the antitoxin from some source or another. On several occasions we were unable to harden our hearts to the extent of letting the patients die and so provided the antitoxin requested by the physician. Consequently, we have overrun the amount allowed for antitoxin and other biologics by about \$9,000.00. This overspending of what was allowed for antitoxin and the amounts set up for Child Hygiene and Public Health Nursing has caused us to overrun the final budget by about \$14,000.00 or nearly \$15,000.00.

We have had more demands for help than ever and it has been rather difficult to get through on what was allotted in the final readjust-

ADMINISTRATION

ment but we feel that we have accomplished a rather satisfactory bit of manipulation in coming as near the tentative allotment as we did. Even on our reduced basis of activity, it is very difficult to furnish the absolutely essential health service to a state of this kind for less than \$225,000.00 a year.

BIOLOGICS

Since the first part of the year 1930 the State Board of Health has tried to limit the free distribution of biologics to people who were and are unable to buy such curative agents. In spite of the effort to keep a close watch on distribution, the State Board of Health has each year overspent the budgetary allowance.

It has been suggested that the druggist in each community who has or carries diphtheria antitoxin might act as an agency where people without money could get what was needed in case of emergency.

If a family in desperate financial condition should have a case of diphtheria, the doctor in charge could appeal to the local druggist who would give the needed antitoxin on the doctors certificate that the patient or family was unable to pay for the antitoxin. In such instances, the State Board of Health would replace an equal amount from the stock which it carries on contract.

NURSING

Those interested in Public Health Nursing will be glad to know that Miss Lalla Mary Goggans is again on the staff of the State Board of Health.

Miss Goggans' work will be devoted to maternity and infancy, mainly midwife control problems.

LIBRARY

Elizabeth Bohnenberger, Librarian

LIBRARY NEWS AND NOTES

The publications of the White House Conference on Child Health and Protection, 1930, now number about twenty-five volumes. They present the findings of the Conference in detail. One of the most important functions of the set, when complete, will be its summing up of what has already been done in organized child care and hygiene, the results obtained, and the various agencies which have had, and continue to have a part in the movement. Thus in any field of work with children, comparisons may be made and useful precedent followed, or modified to suit the special need.

The State Board of Health Library will have the complete set of the Conference volumes.

LIBRARY

The Committee on the Costs of Medical Care has now completed four and one-half years in its five year study, and will issue its final report with recommendations in November.

The United States Children's Bureau has just issued Volume 1, Number 1, of the "News Bulletin on Social Statistics in Child Welfare and Related Fields." This bulletin will be issued monthly and will contain analyses of data in fields not covered in the Bureau's "Monthly Relief Bulletin," and news items pertaining to the registration of social statistics.

New Additions to the Library

Insects, Ticks, Mites and Venomous Animals of Medical and Veterinary Importance. Part 1, Medical; Part 2, Public Health. Published by the Department of Entomology, School of Tropical Hygiene, Liverpool, 1932.

Florida State Geological Survey. Annual reports, 3rd to 22nd, 1910 to 1930. State Geol. Survey, Tallahassee.

Connecticut. Registration report, 83rd, 1930. State Dept. of Health, Hartford, 1932.

Experimental Study of Psychopathic Delinquent Women. E. R. Spaulding. N. Y., Rand McNally, 1923.

Facts and Figures About Tuberculosis. J. S. Whitney. N. Y., Nat'l Tuberculosis Ass'n., 1931.

Nurses' Handbook of Obstetrics. Louise Zabriskie. Phila., Lippincott, 1931.

NOTELET

During the last ten days of August Doctors Boyd, Griffiths, Hanson and Messrs. Bradley and Lenert made a sanitary survey with special reference to mosquitoes and malaria prevalence.

The area covered in the survey was from Tampa south to and beyond Ft.

Myers and then across the Everglades to Miami, from Miami south as far as Long Key, back to Miami and thence northward along the coast to West Palm Beach, from which place the expedition took an inland course to the Lake Okeechobee region and north to Orlando.

MALARIA CONTROL STUDIES

T. H. D. Griffitts, M. D., D. P. H.

MOSQUITOES AND THEIR CONTROL

There are more than 500 known species of mosquitoes, but not more than one-tenth of the known species is of any particular concern to man, either from the standpoint of their ability to transmit disease, or as a biting pest. Next to the house-fly (*Musca domestica*) mosquitoes are the most nearly universally distributed insects. Mosquitoes belong to the order of dipterous insects, family Culicidae, subfamily Culicinae, while the latter is divided either into tribes or genera and then into species.

There are two stages in the life of a mosquito: (a) aquatic (egg, larva, or wiggletail, and pupa), (b) non-aquatic (imago, or winged insect). Mosquitoes oviposit, or lay their eggs, either on the water, very near the water or in low ground-areas which may subsequently be flooded. *Culex*, *Anopheles*, *Uranotaenia* and *Culicella* are examples of those which oviposit on the water, *Aedes* and *Psorophora* those which lay their eggs on the ground or near the water's edge. All require sustained contact with water for the hatching of the eggs and water in which the larvae and pupae live. The length of time required in the aquatic stages depends upon the species of mosquitoes, temperature of the water and available food for the development of the larvae. For some species, for example, *Aedes sollicitans* and *Psorophora ciliata*, in the heat of the summer with hot days and high night temperatures the time from the hatching of the eggs to the emergence of the winged mosquito from the pupa may be, and frequently is, as short as six days. On the other hand, the larval stage may be continued for months when the water is continuously at low temperature. It has been shown repeatedly that *Anopheles* larvae may resist freezing or near freezing temperatures and survive during a severe winter in the southern states. Likewise, eggs of certain species of *Aedes* withstand the freezing temperatures of the arctic regions and hatch during the succeeding warm season. Eggs of other *Aedes* resist dessication, or drying, over long periods but hatch with flooding by relatively warm water. An excellent example of this is the enormous numbers of *Aedes sollicitans* (commonly known as the "New Jersey mosquito") which emerge after a long dry spell. Eggs have repeatedly been deposited by the mosquitoes on the dry or moist marsh lands, day after day, during the period without rains or flooding tides, then within half an hour after flooding by rain or tide countless numbers of tiny larvae break through the egg-shells. For most mosquitoes, however, the eggs will hatch within three days from the time of being laid on the water.

Larvae of mosquitoes require food and this is secured from various kinds of organic matter in the water or on the surface (latter particularly true of *Anopheles* larvae). This may be in the form of algae, fungi, bacteria, minute animal life or the like. One may quite successfully rear hundreds of *Anopheles* larvae on a cake of yeast, or *Aedes*

MALARIA CONTROL STUDIES

aegypti on a blood clot dropped into their water container every day or two.

Next to the known facts that mosquitoes do bite (only the females do, males are vegetarians), and that certain of them do carry disease, the most sought after information is "how long do they live," and "how far will they fly." Female mosquitoes may live for months. Some hibernate, more or less, throughout the winters in cellars and like protected places with little variation of temperature. Popular opinion has it that mosquitoes at best live only a few days and that they die after getting a full blood meal. This is not true, or we would have no more malaria, yellow fever, dengue or filariasis. Malaria and yellow fever mosquitoes must live for 12-14 days at least in order to carry disease, for it requires this period for the disease-producing agents to develop in them before another bite of these mosquitoes can transmit these diseases. Also, mosquitoes maintained in captivity and fed blood or raisins have been kept alive and active for more than five months. We don't know what may be the average life of a female mosquito under natural conditions; males are relatively short lived—a matter of a few days. As to distance of flight, a great deal depends upon the species of mosquitoes we are considering. It is like asking how far will a fowl fly. The answer depends upon whether the particular "fowl" is a wild goose or a pet canary, and if a wild goose, what season of the year or other conditions maintain. The "yellow fever" mosquito is domestic. It breeds in and near human habitation, the larvae developing in artificial containers of water. The adult of this species rarely flies more than a few hundred feet or a city block from where it was hatched. But it may be carried long distances in railway cars, automobiles or aircraft. For instance, this mosquito has been observed to travel more than 2,000 miles in airplanes, with repeated and overnight stops, illustrating a tendency to remain indoors. Anopheles, or "malaria mosquitoes" are stronger in their flight and the principal malaria carrying species—*Anopheles quadrimaculatus*—has a flight range of about a mile from its breeding places (quiet, non-saline waters, such as lakes, ponds and pools). *Aedes sollicitans* will, at times and when producing in great numbers following long droughts, fly as far as 30-40 miles. Aside from the urge for food which drives these mosquitoes on "flights," there may be other instincts which direct their efforts against over-crowding. It has been suggested, also, that a certain amount of flight stimulates egg laying, and consequently, propagation of the species—one of the strongest instincts in all animals or insects.

The control of mosquitoes is desired for two reasons: (a) to prevent the spread of disease, and (b) for the comfort and welfare of man. Included by the latter, quite obviously, is the protection of domestic animals from their bites and the consequent economic loss. It is generally conceded, but not always economically feasible, that the prevention of production is the ideal method of control. This is accomplished by removal of water in which the particular kind of mosquitoes breed, as by draining ponds, pools, swamps, marshes and the like. Filling,

MALARIA CONTROL STUDIES

as by hydraulic dredging, etc., is ideal under favorable circumstances and is but a method of drainage. Instead of unwatering breeding areas, these places may so have the water treated as to render the water unsuitable for mosquito production. Examples: the interval oiling of water surfaces, employing an oil of relatively high volatility (which is found to be deadly to larvae as contact poisons, not merely suffocating as formerly thought), turning certain industrial waters into water courses, treating areas with larvicides like oil-pyrethrum extract and Paris green mixtures. Any of these would be in the nature of what might be designated as "mosquito birth control." Next to these measures come methods of limiting the activities of mosquitoes, such as screening the abodes of man, the less efficient practice of employing bed-nets and repellents, and avoiding the "haunts" of mosquitoes. Quite clearly it is a function of local governments to control mosquitoes by draining or treating water areas responsible for the production of mosquitoes, of the home owner or householder by screening the house, of the individual by providing indoor protection, such as bed-nets and so-called repellents. Every citizen should feel it his or her duty to promote and support all organized efforts to control mosquitoes. But at the head of all efforts through application of public or private funds in mosquito control, there must be an intelligent understanding of the habits of the particular kind or kinds of mosquitoes with which the community has to deal and the control measures known to be most applicable.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

IF—TB

If you were suffering from tuberculosis of the lungs, moderately advanced and were a bit discouraged after spending weary months in bed under a doctor's supervision; if you were not gaining as rapidly as you had hoped and your money was getting low and if an advertisement or a caller should tell you of a new concoction or device, representing it to be a sure cure because two or three patients had seemed better following its use, what would you do? If you were not well schooled and of very stable and sound mind, you might do as many others have done—spend a large part of your diminishing funds and give it a trial, only to be disappointed.

Every now and then someone comes to the State Board of Health to learn just what he must do to comply with the law in placing on the market a "patent" medicine. Usually it is a secret formula, often made of roots and herbs; it may be the oft-used prescription of an "old" doctor now gone to his reward. A very common statement is that it has cured an incurable case, one that was treated for years by

BUREAU OF COMMUNICABLE DISEASES

every known formula. Subsequent death of the patient from the disease of which he is supposed to have been cured does not seem to diminish the value of his testimonial.

It was only the other day that a traveling salesman, or it may have been a grocery clerk, came in about a "sure cure" for tuberculosis—consumption. Like a drowning person, the sick and the unemployed will grasp at straws. Many so-called cures for consumption have been placed on the market but not one has had sufficient merit to survive.

It is natural and true, though pitiful, that one lacking any logical reason to hope for cure will listen to the claims of the patent medicine vendor and pay for his worthless wares with money desperately needed for food or nursing care.

Very recently the federal drug inspectors succeeded in getting a conviction for fraud against a man who for several years has been peddling a drug which was (mis-) represented to be a cure for consumption.

There is but one way to get well. The death rate from tuberculosis has been reduced by half, not by drugs but by the rules of living now laid down and accepted by students of tuberculosis everywhere. Those rules have to do with

Rest, Food, Sunshine, Ventilation

It is not surprising that a clerk or mechanic should believe the claims made for a formula nor that he should wish to profit by the sale of some concoction, so it is up to the patient to be wary about the expenditure of his money on the recommendation of strangers. He should realize that the best doctors go to the County, State and National Medical Meetings. If discoveries of value have been made they are discussed freely so that mankind can benefit fully. Whoever discovers a specific cure for tuberculosis will have untold wealth showered upon him and he will not have to advertise, solicit sales or publish testimonials.

Today there came a young man with one medicine for high blood pressure, one for indigestion and one for "tetter". His claim for the recognition of his wares is that he has a wife who expects to become a mother and he does not wish his heir to come into the world under the auspices of charity. He may not—probably did not—know that the treatment of each condition for which he offers a remedy varies according to the cause, type and severity of the disorder and that a drug that will relieve one type will aggravate another. Just because the late "Doctor So-and-So" cured fever with quinine you would not want to treat every kind of fever with quinine though it is specific for malaria. Caveat Emptor (let the buyer beware.)

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H. Director****DETECTIVE STORIES**

A casual inspection of the lists of books being published at the present time gives the impression that at least a majority of them are concerned with murder or other high crimes, and the detection of the criminals. Detective stories written with greater or less skill seem to be very popular.

Some of the greatest stories of all time have been written about murder and the fancy of the reading public seems to center on this crime and on the details of the method used in the detection of the criminal or criminals.

The detective of fiction (and sometimes of fact) calls to his aid the microscope to identify blood-stains and certain minute structures such as wool, cotton, and silk fibers; markings on bullets and the like. He uses serologic methods to distinguish human blood from the blood of certain animals. He uses changes in blood pressure as indices for psychologic states as, for example, the lie-indicator, plaster casts of foot prints and ink impressions of ridges on the skin of thumbs and fingers, and photography in many and various ways, some of which strain our credulity.

This is by no means a complete list but it will serve to indicate the range of activities of the scientific detective. And he holds our interest because the life or liberty of some human being may hang on his findings.

The medical detective uses the microscope to count blood cells; to determine the presence of certain disease organisms in the body or in the secretions or excretions. He uses thermometry for temperature, the blood-pressure to find out the condition of the circulatory system, serologic methods for the identification of certain bacteria or for help in the recognition of certain diseases and chemical methods to determine departures from the normal in certain secretions and excretions.

He uses photography of both the outside and the inside of the body to aid in determining the identity of certain criminals (diseases), and finally, just as does the detector of criminals, the medical detective sums up all his evidence and arrives at a conclusion by the use of the intellect. No instrument has ever been invented that will take the place of the human intellect.

The detector of crime sometimes makes mistakes, but he is right oftener than wrong. Were it not so, we would cast him out. Likewise does the medical detective make mistakes sometimes. Some of these can be blamed on false or misleading reports from his assistants (scientific methods of diagnosis). Some of them cannot.

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And sometimes a man who will swallow a detective yarn, lock, stock and barrel, will be skeptical of the laboratory methods used by intelligent and up-to-date physicians. Which is funny.

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
JULY, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	841	757	72	59	96	1825
Diphtheria	593	436	30	161	24	1244
Typhoid	637	233	84	33	68	1053
Malaria	663	217	72	19	171	1142
Rabies	17	10	1	2		30
Tuberculosis	209	100	8	45	13	375
Gonorrhea	656	281	41	112	44	1134
Kahn	3846	1467	197	650	202	6362
Water		52	397	286		735
Milk	247	518	409	919	104	2197
Miscellaneous	242	51	9	364	33	699
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	7951	4122	1320	2650	755	16798

Specimen Containers Distributed 4443

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 units	81 Packages
	5,000 units	11 Packages
Toxin Antitoxin.....		1506 C. C.
Schick.....		256 Tests
Toxoid.....		1666 C. C.
Tetanus Antitoxin.....	5,000 units	5 Packages
Typhoid Vaccine.....		4861 Treatments
Vaccine Virus.....		776 Capillaries
Antirabic Virus.....		25 Treatments
Carbon Tetrachloride.....		802 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH,
JACKSONVILLE, FLORIDA.

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****SELF-LIQUIDATING PUBLIC WORK**

The appointment of the Special Technical Committee consisting of six outstanding engineers of the nation, marks the last major step in the preparation of the Reconstruction Finance Corporation for extending financial aid to self-liquidating construction projects of a public nature.

The establishment of a technical division to handle loans under Section 201 of the Emergency Relief and Reconstruction Act of 1932 will be followed by the adoption of regulations and procedures which have not been definitely completed to date. Applications for loans for these self-liquidating projects should be made to the corporation however, and have no connection with the \$300,000,000 relief fund which is set apart to be used in furnishing relief and work relief to needy and distressed people and in relieving the hardship resulting from unemployment. This latter fund is made available through the governors of the several states and territories, and application for funds from this sum must be made through the Governor.

Applications for loans, the proceeds of which are to be used in the construction of self-liquidating works, are to be made in the form of a detailed letter stating specifically the purpose of the loan; the number of customers or patrons to be served; the probable growth of the utility; the income to be expected, both gross and net, and all other facts establishing the self-liquidating character of the loan. It should be stated whether it is to be financed by the sale of securities or by a loan and whether legal authority exists to issue such securities or make such a loan.

All loans made by the corporation must be adequately secured and may be made directly upon promissory notes or by way of discount or rediscount of obligations for the purpose, at such interest or discount rates as the Corporation may approve.

Loans may be made to private companies as well as to municipal corporations for three years, with renewal for two years more. However, loans to states, cities, political subdivisions and public agencies may be made for periods exceeding ten years, if the Finance Corporation judges it necessary to purchase securities and that it is not practicable to require reimbursement within ten years, through repurchase or repayment of such securities.

Each application will be determined on its own merits, after the necessary technical investigation. The amount and term of loan, character of the security required and interest rate to be charged will depend on the facts in each case.

Public works of a public health nature are especially well adapted to loans of this kind. Waterworks systems are largely self-supporting

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in all of our cities where they are not required to carry the burden of free fire service and free water to public service institutions. They can be made entirely self-supporting and this will have to be done to the satisfaction of the corporation before any funds will be made available for this work. Several of our Florida cities will find this the most opportune time to secure an adequate supply of good potable water at a cost more reasonable than has been possible for many years and probably less than this generation will see again. While no mention is made of the probable rate of interest to be charged it is reasonable to suppose that this will be such that no obstacles will be encountered.

Sewerage systems can be placed in a self-liquidating status where they are supported by assessments or on a service charge basis. Garbage disposal plants may also be constructed from these funds where a service charge is maintained for garbage collections.

The corporation may make loans under this section at any time prior to January 23rd, 1934. While there is considerable time for applications to be made every effort should be bent toward getting the work under way at the earliest possible date in order to accomplish the greatest amount of immediate relief and assistance in aiding unemployment and distress. The Act specifies that no convict labor shall be directly employed in any such project and that, (except in executive, administrative and supervisory positions), so far as practicable, no individual directly employed on any such project shall be permitted to work more than thirty hours in any one week, and that in the employment of labor in connection with any such project preference shall be given, where they are qualified, to ex-service men with dependents.

The stage is all set. Let's go!

OYSTER SEASON SOON UPON US

Before the next issue of Health Notes appears, the oyster season will be upon us. A new set of regulations has been issued and supplied to all prospective shuckers and handlers of oysters with whom the Bureau has found it possible to get in contact. These regulations set forth the conditions which must be met before the issuance of a permit for shipping, shucking and packing of oysters (shucked and shell stock).

Polluted areas from which the taking of oysters is prohibited will be posted and closed by the State Shellfish Commission and policed by that department. In order that there may be no chance of error as to the limits of such areas the boundaries will be given to the local press for publication and may also be obtained from this Bureau or through the Health Departments of the various cities in the vicinity of which such polluted area lies.

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An important feature of the regulations with which the public should familiarize itself is that all oysters from permitted plants will be packed and sealed in containers with the packer's certificate number embossed on the can. The selling of oysters in open packages is prohibited and any one so doing is willingly violating principles of sanitation and public health and the patronage of such persons or dealers is also a menace to the health and lives of such customers who prefer to aid and abet this custom.

The permit and certificate number is issued free of charge to any person who wishes to engage in the business, after it is determined by inspection by an officer of this Bureau that all of the requirements of the regulations have been complied with. Your protection lies in insisting on only certified oysters which are packed in sealed containers bearing certificate numbers of the packer.

NEW LOCAL REGISTRARS APPOINTED

Dist. No.	Name	Address
2-03	E. V. Taylor.....	Route A, Sanderson
16-067	Woodrow W. Owens.....	Route 3, Quincy
25-01	Mrs. F. F. Owens.....	1434 Cottage St., Ft. Myers
29-087	Mrs. Stella McLeod.....	Pinetta
31-03	Mrs. E. M. Brown.....	Anthony
35-02	A. S. Fluno.....	Box 854, Winter Park
35-407	Mrs. A. A. Burnam.....	Box 2, Vineland
41-02	Mrs. Carolyn K. Kirkland.....	Box 422, Crescent City
41-03	Miss Mary F. Coburn.....	Interlachen
41-06	H. A. Perry.....	Pomona
44-027	J. W. Jernigan.....	Route 2, Milton
44-227	Mrs. C. Gillis.....	Harold
49-10	C. F. Waldron.....	Port Orange

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****OCTOBER MEETING A. P. H. A. WASHINGTON, D. C.**

The American Public Health Association will hold its Sixty-first Annual Meeting in Washington, D. C., October 24-27, 1932. A most helpful and interesting program has been prepared covering subjects of vital importance to everyone who is interested in the promotion of public health. Association with our fellows

is one of the most important benefits conferred upon us through attendance at a meeting of this character. It offers an unusual opportunity for public health workers to find solutions to difficult problems. The meeting in Washington in October will provide an opportunity to hear experts in various lines of public health activities and the inspiration received by those who attend will be of inestimable value.

Some of the subjects which will be discussed are incidence, identification and significance of bacterial carriers; standard methods, bacterial dissociation; air hygiene; vital statistics registration problems; participation of the medical profession in health education; public health administration; industrial hygiene; child hygiene; food and nutrition; public health nursing and other subjects too numerous to mention.

For two days just preceding the meeting the Public Health Education Section will present a Health Education Institute. This institute will be an unusual opportunity for many health workers to avail themselves of systematic study under expert supervision.

The annual conference of officers of State Public Health Associations affiliated with the A. P. H. A. will be held in conjunction with the Sixty-first Annual Meeting at Washington, D. C., October 23rd. All persons interested in the functions and activities of state public health associations are invited to attend this conference.

Surgeon General H. S. Cumming in a letter to state and local health officers recently made the following statement:

"It is realized that in these times of economic stress funds available for travel are limited. However, conditions existing throughout the country make it imperative more than ever that concerted effort be maintained by health authorities in every State, county and city towards keeping the country free from serious epidemics."

As a state, we are at this time more than ever interested in this great health association since the Florida Public Health Association has been officially affiliated with the American Public Health Association during the past year. The president of our state association will be an official member of the Governing Council at the meeting in Washington.



REGULAR EXAMINATIONS
• MAKE A LONG HEALTHY JOURNEY FROM CRADLE TO THE GRAVE

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

OCTOBER, 1932

No. 10

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

ARTICLES

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SOME YEARS AGO — *Hanson*

ISABELLA AND EDITH — *Eaton*

CONDEMNED OYSTER AREAS — *Lenert*

AUTOMOBILE ACCIDENT DEATHS, CITIES, 1931 — *Thompson*

HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

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Communicable Diseases.....	F. A. Brink, M. D.
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Drug Store Inspector.....	M. H. Doss
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MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

SOME YEARS AGO

When many of us were growing up, we did not know that some of our sick spells were due to the fact that we had either inhaled or swallowed germs. Very few knew that people had chills and fever because they had been bitten by a mosquito, and still fewer knew that the mosquito had to bite some one who was sick with this fever before it could give the disease to someone else. There are many today who do not know that the mosquito which carries malaria belongs to the genus *Anopheles* and that at the present time there are no other mosquitoes than the *Anopheles* known to carry malaria from the sick to the well. Many do not yet know that an *Anopheles* mosquito can not cause chills and fever in the person she bites (only the female mosquitoes bite) unless she has bitten someone who has a certain type or stage of parasites in the blood. Many do not know that the mosquito must grow the malaria in her stomach from ten to fourteen days before she can give it to the person she bites and that it takes from ten to fourteen days or more after a person is bitten until the fever and chills begin, and that there are three definitely known types of malaria. In Florida, two of these varieties are found and commonly referred to as tertian and estivo-autumnal. The third is the quartan which appears to be rare. The estivo-autumnal is the most serious and about the only type which causes death if not properly treated, or if not recognized in time.

Some years ago, we did not know that the most effective protection against malaria is to live in a screened or mosquito-proof house. The malaria-bearing mosquitoes bite most during and immediately after dusk in the evening and about dawn in the morning.

A person who is sick with malaria should see his doctor and follow his advice. It is dangerous to try self-medication.

People can live in Florida and in tropical countries without having malaria even though *Anopheles* mosquitoes abound.

Some years ago, there were many other things we did not know. It is less than twenty years that we have known that babies nine months old can be protected from the danger of "catching" diphtheria even though they come in close contact with those who have this dreaded disease. Likewise, children and adults can be spared the danger of smallpox, typhoid fever and a number of other diseases.

All these things have been learned by the doctors during the years of development of medicine and measures for relieving the suffering of mankind. The average doctor of today knows much more than the average doctor knew forty years ago.

ADMINISTRATION

With all the new knowledge we have and the available protection against sickness, for rich and poor alike, there should be no deaths from diphtheria, smallpox or a number of other "catching" diseases. Protection against sickness can be had for those who seek it.

The articles which appear on the following pages of Health Notes contain valuable information for the protection of your health. From the establishment of the State Board of Health in 1889 up to now, an earnest effort has been made to keep abreast of the advances in scientific knowledge for the relief of unnecessary suffering. What we advocate is based on proven facts, many of which have reduced the sick rate and increased the average length of human life.

In Nelson's Loose-Leaf System, Preventive Medicine and Public Health, Chapter II, page 44, in discussing the History of the Child Welfare Movement, Dr. William Palmer Lucas quotes Dr. Truby King, as follows: "The society is less concerned in reducing the death rate than in improving the health of the people. As a health society, we are more interested in firmly establishing the all round fitness of the **** new arrivals who will live than we are in reducing the potential deaths ** . However, the problems are practically identical since the simple hygienic measures which tend to prevent death in babyhood are also the measures which lay the foundations of strong and healthy minds in sound enduring bodies for those who survive to be our future men and women." The society referred to is the Royal New Zealand Society for the Health of Women and Children.

There has been so vast a change in the general health that few stop to compare some years ago and the present. Only twenty years ago, the writer had occasion to act for the Assistant State Health Officer, in a visit to the "Sand Hills Hospital", located then in what is known as Brentwood (in Jacksonville) now, to administer to eighty cases of smallpox hospitalized at that place. What popular clamor would arise now if we announced eighty cases of smallpox in the entire state! At the present writing, I do not know of a single case, and there has not been a death from smallpox for several years! If the people would take advantage of the preventive measures for diphtheria we would soon be able to say the same for that disease. When you immunize your babies at nine months of age we will soon see the same results as we have had for smallpox.

I want to close with a quotation from an address by Dr. Ray Lyman Wilbur, Secretary of the Interior, at the Conference of State and Provincial Health Authorities of North America, June 3, 1932: "It is difficult to bring about an understanding of misfortunes which are prevented from harming us. It takes imagination to draw the contrast between what is and what might have been. The more successful the measures of public health are, the more difficult it is apt to be to have them appreciated."

LIBRARY**Elizabeth Bohnenberger, Librarian****LIBRARY NEWS AND NOTES**

Among the recent books of medical interest is John Oliver's "Psychiatry and Mental Health." Dr. Oliver is the well-known psychoanalyst who acts as the medical advisor to the courts of the City of Baltimore. He is, also, the author of a number of books and novels dealing with the problems of medicine and faith in the modern world. His new book is full of common sense discussion on the subject of mental ills and their treatment. There are interesting chapters on the various phases of clinical examination, practical examples in cases that have come before the courts, and a great deal that is applicable to the study of mental health in every section of the country.

Victor Robinson's "Story of Medicine" is an important source of general information on the history of medicine and human progress. It is a book that should foster a greater interest among lay readers as well as doctors on the subject of the achievements of medical prophets, martyrs and heroes. Suggested for reading classes or popular lectures on medicine.

Last year Dr. William Osler's famous essay "The Student Life" was for the first time made available to the reading public. It is an unrivalled bit of advice, applicable to all walks of life, though addressed especially to medical students. In simple language, this wise and kindly leader of medical thought presented to his students the ins and outs of being a doctor. The human factors and other equations are described with the serenity and wisdom of one who has been down the path. Included in the volume also, is Osler's "Science and Immortality."

These three books are now available in the Library.

Other New Additions to the Library

Lindquist—Family in the Present Social Order.

Terman—Children's Reading.

White House Conference—Hospitals and Child Health.

Kumm—Yellow Fever Transmission Experiments With South American Bats.

Kerr—Studies on the Transmission of Yellow Fever by *Culex Thalassius* and *Mansonia Uniformis*.

CITRUS FRUITS

Citrus fruits came first from China and other parts of Asia and a long time ago were introduced into the country near the Mediterranean Sea and then into the western hemisphere. Miss E. M. Geraghty writes about fruits in the series of articles in *Hygeia* on "Foods—Their Selection and Preparation."

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****CONDEMNED OYSTER AREAS**

The season for oyster stew, fried oysters, oyster cocktails, oyster roasts, oysters on the half shell and just plain oystering, where the hardest part of the work is done, is here again. Last year, due to carelessness and ignorance on the one part and refusal to follow instructions on the other, a number of cases of typhoid fever and dysentery with fatal results followed eating oysters obtained from questionable sources.

Cases contracted directly from the eating of shellfish are not the only ones to be considered, as these may become the seed for the further spread through water, milk, flies and other modes of transmission.

In the last issue of Health Notes, attention was called to the importance of demanding and using only certified oysters which are always packed in sealed containers bearing certificate numbers of the packer. In addition to satisfactory compliance with regulations of the State Board of Health, which is determined by inspection, each person, firm, or corporation in the application for certification agrees not to purchase, ship or handle oysters or clams taken from areas not approved by the Florida State Board of Health, to fully comply with the letter and spirit of all rules and regulations adopted by the Board and the State Department of Agriculture and to aid an officer of the Board on inspection duties.

Extensive surveys have been made of the oyster growing areas of the State for the purpose of determining whether shellfish taken therefrom may prove detrimental to public health. The results of these surveys are embodied in an executive order of the State Health Officer designating the boundaries of certain waters which shall be known as "Condemned Areas" in which oysters and clams are declared to be unfit for human consumption and their use for any purpose is prohibited.

The areas so designated are as follows:

1. **Fernandina.** Amelia River from the mouth of Kingsley Creek to the channel markers in Cumberland Sound; Lanceford Creek and Bell River, Amelia River to their point of contact; all creeks east of the foregoing area.

2. **Jacksonville.** The entire St. Johns River to St. Johns Point (this includes Fulton and Floral Bluff areas); Pleasant Creek area from St. Johns Bluff to Sherman Point, excluding Pablo Creek; Sisters Creek, St. Johns River to Beacon "4."

BUREAU OF ENGINEERING

3. **St. Augustine.** Matanzas River or Bay to the Ocean and from Vilano Beach Bridge on north to a point one-fourth mile south of mouth of San Sebastian River; San Sebastian River and all its tributaries; Douglas Creek, and creeks east of Matanzas Bay closed area.

4. **Daytona Beach.** Halifax River from the north boundary of Plantation No. 9, which is about $1\frac{1}{4}$ miles north of Ormond Bridge, to an east and west line across the river from the south bank of Reed's Canal south of Daytona Beach.

5. **New Smyrna.** All water bounded on the north by the North Coronado Beach bridges and road and as far south as the south bank of South Canal.

6. **Lake Worth.** Lake Worth from the Lake Worth Casino on the north to Boynton on the south.

7. **Tampa.** McKay Bay and tributaries; Hillsborough River; Hillsborough Bay and tributaries north of Parallel $27^{\circ} 52' 30''$ which is 1700 yards south of the Ballast Point Pier.

8. **St. Petersburg.** Smack Bayou; Coffee Pot Bayou; Big Bayou; Little Bayou; and waters of Tampa Bay in vicinity of St. Petersburg.

9. **Tarpon Springs.** Anclote River and Kramer and Whitcomb Bayous.

10. **Pensacola.** All of Pensacola Bay west of a line drawn due south from Devil or Gull Point to the south shore of the bay, Bayou Texar and Bayou Chico.

11. **Escambia Bay.** That portion of Escambia Bay north of the L. & N. Railway Bridge.

12. **Blackwater Bay.** All of Blackwater water north of a line drawn west through Escribano Point.

The Tampa area, Number 7, is based upon surveys prior to 1932 and may be changed upon completion of present investigations. All areas are subject to change in boundaries and conditions may be found which will necessitate the addition of more waters to the list now condemned.

Boundaries of the above areas will be marked with conspicuous signs erected by the State Shell Fish Commission and anyone found taking shellfish from such areas will be vigorously prosecuted under the combined authority of the Shell Fish Commission and the State Board of Health.

BUREAU OF COMMUNICABLE DISEASES**F. A. Brink, M. D., Director****SCHOOL DAYS****Warning**

Diphtheria took 45 lives during the first seven months of 1932. This is 60 % increase over the same period last year. Only six of the victims were of school age, four were 20 or older and thirty-five (78 %) were under school age. Apparently the diphtheria control program in the schools is effective but if the younger age group is to be protected by immunization, the service will have to be extended to include a much larger number of them. To accomplish this there must be an increase of public clinic service or a corresponding increase in the interest and participation of physicians in private practice.

There have been too many exposures and too few toxoid treatments. Keep children away from the sick. Take the baby to the doctor for toxoid at 9 months; do not wait for the state doctor to give it at school, or perhaps your baby will not be going to school.

Education vs. Intelligence

Everywhere we go, we come upon people of average intelligence or better, people who have not had the advantage of school and travel but who often surprise us by their ready grasp of information when it is offered them. Those who have studied and traveled are said to be educated. Uneducated but intelligent people are often, though not always, poor; and educated people are usually, though not always, comfortably well off.

Let the Strong Help the Weak

Educated people with average intelligence and reasonable resources protect themselves and their children from preventable diseases. They seek the advice of the family physician or the health department and act according to that advice. So far as possible they avoid contact with contagious disease cases and carriers. They screen their homes, provide safe water, sanitary sewage disposal and wholesome food sufficient in quantity and variety. They protect themselves as much as they can by vaccinations and inoculations. By these measures people avoid contagious diseases, filth borne diseases and deficiency diseases. In other words they prevent the preventable diseases.

Those who are progressive (and only progressive people read Health Notes) can help the neighbors by calling their attention to the various measures that are within the reach of nearly everyone, measures that will go far to promote health and happiness and prevent sickness, misery and death. Much benefit will be reflected back to the progressive ones because of improved community health and prosperity.

BUREAU OF COMMUNICABLE DISEASES

If you wish to act on the above suggestion you can do so by starting today. Read this bulletin carefully, then start a permanent file of Health Notes. Review it and refer to it often. Make a collection of health information, develop the habit of discussing health with your neighbors. Soon you will become health conscious and develop an irresistible line of selling talk. Once **Health** becomes a much discussed topic **Health** will be a fact in the community.

DO DOCTORS NEGLECT REPORTING?

During the week ending September 3, 1932, there were reported in the state (population 1,468,211) 193 cases of reportable diseases. Of these 193 cases, 165 or more than 80% were reported by six full time health officers serving a total population of 431,553, which is less than 30% of the total population of the state. Figures for many of the previous weeks show even greater inconsistency. Obviously, this is due to lack of reporting in territory without health service and not to a greater prevalence of sickness among people served by a health department. Efficiency in reporting might discredit certain communities if the figures were not correctly interpreted.

Let it be said again that the State Board of Health can do nothing to prevent the spread of disease until its whereabouts is learned from local physicians and others whose duty it is to report.

The best health service is given by the full-time city or county health department. The statutes of Florida now afford adequate authority for the establishment of such a service and the State Board of Health is both able and willing to give advice and supervision. When funds are available the board makes a substantial contribution to the budgets of county units.

Despite the depression, the units in Taylor, Leon and Escambia counties are being maintained and the services they render are approved by the majority.

FLORIDA FOODS

Providing an adequate and balanced diet, including fresh fruit, vegetables, milk and eggs has long been recognized and advocated as a part of the family health program. We now know that these foods contain certain protective substances that prevent a number of deficiency diseases and increase resistance to infections.

Bulletin No. 50, prepared by Miss Mary A. Stennis, Nutritionist, under the direction of Hon. Nathan Mayo, Commissioner of Agriculture, is replete with dietetic suggestions helpful to housekeepers and to all who manage any kind of public eating establishment. It is sent free from the Department of Agriculture, Tallahassee.

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****ISABELLA AND EDITH**

Tradition has it that Queen Isabella of Spain, having been convinced by the arguments of Columbus that he was on the right track in his search for a Northwest passage; and being unable to raise funds for him in any other way, pawned some of her own jewels for this purpose. Because of this story, true or not, she is held in grateful remembrance in this country and is given part of the credit for a discovery that marked a very important epoch in history. It is beside the point to say that if Columbus had not made his voyage some other explorer would have done so. Columbus is given the credit for the discovery of America and Isabella's name will always be connected with that discovery.

The marriage of Edith Rockefeller and Harold McCormick united two very prominent and wealthy families. In spite of the fact that these young people had everything that money could buy they suffered the tragedy of losing a child from one of the acute infectious diseases. Out of this tragedy was born an institute for research on the acute infections. In this institute, Doctors George F. and Gladys H. Dick, after fourteen year's work on scarlet fever, learned how to prepare an antitoxin for this disease, as well as to immunize against it.

Edith Rockefeller McCormick's name is not connected with the scarlet fever discoveries save in the minds of the few who know the whole story. It is beside the point to say that others would have made (possibly did make) the same discoveries at about the same time. Mrs. McCormick pawned no jewels, but her name, with that of her husband, ought to be held in grateful remembrance by all who rejoice in the winning of another battle against disease.

INFANTILE PARALYSIS

"Byron, who had club feet possibly resulting from infantile paralysis, or poliomyelitis as the doctors call it, was fond of athletics and found that his handicap did not apply when he was in the water. From constant exercise in water he became so strong that he eventually was able to swim the Hellespont, just as did Leander in the golden days of Greece," Dr. John Ruhrah tells readers of Hygeia in his article entitled, "Polio."

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
AUGUST, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	997	755	101	75	323	2251
Diphtheria	822	816	33	169	13	1853
Typhoid	715	258	46	33	36	1088
Malaria	690	209	54	22	151	1126
Rabies	18	1		2		21
Tuberculosis	272	92	25	117	15	521
Gonorrhea	662	294	54	110	31	1151
Kahn	3968	1333	251	825	225	6602
Water		54	13	288		355
Milk	537	610	579	578	116	2420
Miscellaneous	357	55	7	323	22	764
	<hr/> 9038	<hr/> 4477	<hr/> 1163	<hr/> 2542	<hr/> 932	<hr/> 18152

Specimen Containers Distributed 6821

Biological Products Distributed

Diphtheria Antitoxin.....	10,000 Units	117 Packages
	5,000 Units	32 Packages
Toxin Antitoxin.....		5013 C. C.
Schick.....		1720 Tests
Toxoid.....		3108 C. C.
Tetanus Antitoxin.....	1,500 Units	12 Packages
Typhoid Vaccine.....		4392 Treatments
Vaccine Virus.....		1267 Capillaries
Antirabic Virus.....		34 Treatments
Carbon Tetrachloride.....		1311 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA.

BUREAU OF VITAL STATISTICS**Stewart G. Thompson, D. P. H., Director****AUTOMOBILE ACCIDENT DEATHS, 1931**

There was a decided decrease in the number of deaths caused by automobile accidents last year as compared with the previous year. There were 514 deaths caused by automobile accidents last year in Florida as compared with 564 for the previous year. Tabulations just released from the United States Bureau of the Census

for last year show a total of 29,547 deaths from automobile accidents in the death registration area of the continental United States, exclusive of the state of Utah. This area represents 95.7% of the total population of the continental United States. According to the Bureau of the Census release, Nevada ranked first with a rate of 68.5, Wyoming 43.0, California 36.8, Florida 34.4 and Arizona 34.3.

Tabulations are shown on the following pages classifying Florida municipalities by population groups. The recorded deaths and death rates as compared with the resident are shown for each city by color. In the first group, in which are included the three cities in Florida having 100,000 inhabitants or more, Miami leads with a total of 59 recorded deaths which is reduced to 49 when confined to the Miami residents. Jacksonville is second with 55 recorded deaths as compared with 48 resident. The lowest rate in this group goes to the city of Tampa both for the total number of deaths from automobile accidents and also the lowest resident rate.

In the second group, cities having 10,000 to 100,000 inhabitants are listed. In this group, West Palm Beach registered the highest number of deaths from automobile accidents with a total of 18; Pensacola second with a total of 15 and Orlando third with 14. In a comparison of the resident death rates in this group of cities, St. Petersburg leads with the low rate of 11.9 with St. Augustine next lowest with a rate of 15.6. The highest resident rate in this group of cities is for West Palm Beach with the rate of 62.7 and Tallahassee next highest with a rate of 53.6.

The third group includes cities having 5,000 to 10,000 inhabitants. The importance of a distinction between the recorded and resident deaths is brought out very vividly by the Ocala figures. You will note that Ocala had 12 recorded deaths with a recorded death rate of 157.9. However, only 2 were residents of the city of Ocala; therefore, the resident rate is 26.3 which is not by any means the highest in this group. There were no deaths from automobile accidents charged against Lake Worth; River Junction had a resident rate of 15.2; the next lowest rate goes to South Jacksonville with a rate of 16.9.

The writer has not by any means attempted to make a complete study of the tabulations shown here but simply made a few statements that might be helpful to the reader in studying the tabulations and called attention to the importance of the allocation of death records which is now becoming a nation wide procedure.

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities

(having 100,000 inhabitants or more)

Florida, 1931.

CITIES	RECORDED		RESIDENT	
	Deaths	Rate	Deaths	Rate
Jacksonville	55	41.7	48	36.4
White	36	43.0	31	37.0
Colored	19	39.5	17	35.3
Miami	59	52.4	49	43.6
White	51	58.5	41	47.0
Colored	8	31.6	8	31.6
Tampa	43	41.0	29	27.6
White	37	44.7	25	30.2
Colored	6	27.0	4	18.0

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities

(having 10,000 to 100,000 inhabitants)

Florida, 1931.

CITIES	RECORDED		RESIDENT	
	Deaths	Rate	Deaths	Rate
Daytona Beach	5	28.1	5	28.1
White	4	33.3	4	33.3
Colored	1	17.2	1	17.2
Gainesville	4	36.7	5	45.9
White	3	44.8	4	59.7
Colored	1	23.8	1	23.8
Key West	3	23.4	3	23.4
White	3	28.4	3	28.4
Colored	0	.....	0	.....
Lakeland	6	30.3	5	25.3
White	5	32.1	3	19.2
Colored	1	23.8	2	47.6
Orlando	14	47.9	7	24.0
White	11	52.1	5	23.7
Colored	3	37.0	2	24.7
Pensacola	15	47.5	9	28.5
White	14	63.3	8	36.2
Colored	1	10.5	1	10.5

BUREAU OF VITAL STATISTICS**Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities**

(having 10,000 to 100,000 inhabitants)

Florida, 1931. (continued)

CITIES	RECORDED		RESIDENT	
	Deaths	Rate	Deaths	Rate
St. Augustine	6	46.9	2	15.6
White	5	53.8	1	10.8
Colored	1	28.6	1	28.6
St. Petersburg	8	19.1	5	11.9
White	8	23.4	5	14.6
Colored	0	.....	0	.....
Sanford	5	46.7	3	28.0
White	2	36.4	1	18.2
Colored	3	57.7	2	38.5
Tallahassee	6	53.6	6	53.6
White	4	60.6	3	45.5
Colored	2	43.5	3	65.2
West Palm Beach	18	62.7	18	62.7
White	10	52.6	14	73.7
Colored	8	82.5	4	41.2

**Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities**

(having 5,000 to 10,000 inhabitants)

Florida, 1931.

CITIES	RECORDED		RESIDENT	
	Deaths	Rate	Deaths	Rate
Bartow	6	111.1	3	55.6
White	4	111.1	2	55.6
Colored	2	111.1	1	55.6
Bradenton	3	48.4	4	64.5
White	3	65.2	4	87.0
Colored	0	.....	0	.....
Clearwater	5	61.0	3	36.6
White	5	83.3	3	50.0
Colored	0	.....	0	.....
Coral Gables	1	14.7	2	29.4
White	1	15.9	2	31.7
Colored	0	.....	0	.....

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Automobile Accidents and Rates
per 100,000 Population by Color for Cities

(having 5,000 to 10,000 inhabitants)

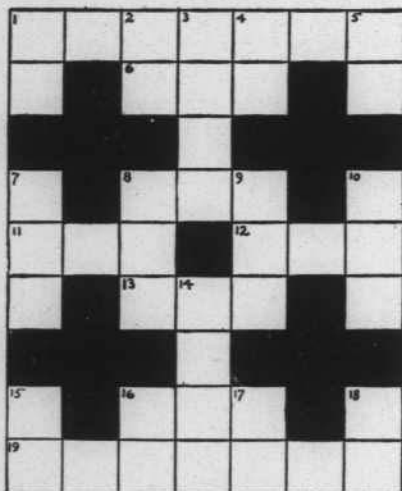
Florida, 1931. (continued)

CITIES	RECORDED		RESIDENT	
	Deaths	Rate	Deaths	Rate
DeLand	3	54.5	2	36.4
White	2	51.3	2	51.3
Colored	1	62.5	0	.....
Ft. Lauderdale	7	73.7	2	21.1
White	7	95.9	1	13.7
Colored	0	.....	1	45.5
Ft. Myers	5	51.5	4	41.2
White	4	56.3	4	56.3
Colored	1	38.5	0	.....
Lake Worth	0	.....	0	.....
White	0	.....	0	.....
Colored	0	.....	0	.....
Miami Beach	3	41.7	3	41.7
White	3	43.5	3	43.5
Colored	0	.....	0	.....
Ocala	12	157.9	2	26.3
White	9	200.0	1	22.2
Colored	3	96.8	1	32.3
Palatka	4	60.6	4	60.6
White	4	111.1	4	111.1
Colored	0	.....	0	.....
Panama City	2	36.4	1	18.2
White	2	44.4	1	22.2
Colored	0	.....	0	.....
Plant City	4	55.6	3	41.7
White	4	80.0	3	60.0
Colored	0	.....	0	.....
River Junction	1	15.2	1	15.2
White	1	22.2	1	22.2
Colored	0	.....	0	.....
Sarasota	6	65.2	3	32.6
White	4	58.8	3	44.1
Colored	2	83.3	0	.....
South Jacksonville	0	.....	1	16.9
White	0	.....	0	.....
Colored	0	.....	1	166.7
Winter Haven	4	51.3	5	64.1
White	4	65.6	3	49.2
Colored	0	.....	2	117.6

HEALTHY HINTS for the CHILDREN

Every  &  should try very hard to prevent accidents  cause a great  & we should obey the traffic  &  & try to look both ways  4 + ing a  little things cause BIG accidents  of 10 set  to clothing & make burns that are very painful & take a long time to heal. Don't play with  Cuts & scratches of 10 let  dirt and germs  make us very sick in  ways put $3+3=6$  on cuts & scratches & keep them very clean. Play hard  careful to. Broken  &  Remember  $R \frac{23}{34}$ times caused by  first 4    &  

A HEALTHY CROSS-WORD PUZZLE



Horizontal

1. The best thing to be.
6. Keep clean in this.
8. A shell-full of good food.
11. The worst thing to be.
12. A large country.
13. He carries disease.
16. A clinging vine.
19. What we must avoid.

Vertical

1. Refers to a boy.
2. Close to.
3. We breathe with this.
4. Short for tuberculosis.
5. You—old fashioned.
7. Have it fresh day and night.
8. A fairy.
9. To tease; also a rope.
10. The sun gives us this.
14. Keep healthy to do this best.
15. Boy's name.
16. Exists.
17. How the Germans say "yes."
18. Myself.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

NOVEMBER, 1932

No. 11

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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THE ETERNAL TRIANGLE — *Eaton*

PASSING OF THE NOMAD — *Lenert*

MALARIA MORTALITY, 1931 — *Thompson*

HENRY HANSON, M. D., STATE HEALTH OFFICER
Also Executive Officer and Secretary of Board.

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West Palm Beach.....	C. W. Pease, M. D.

TUBERCULOSIS AND EPIDEMIOLOGY

Jacksonville.....	W. A. Claxton, M. D.
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MILK AND DAIRY SPECIALIST

Jacksonville.....	S. D. Macready
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PUBLIC HEALTH NURSES

Ft. Pierce.....	Annie Gabriel, R. N.
Jacksonville.....	(On study leave) Joyce Ely, R. N.
Jacksonville.....	Lalla Mary Goggans, R. N.
Starke.....	Mary G. Dodd, R. N.

MALARIA RESEARCH

Tallahassee.....	Mark F. Boyd, M. D. (Rockefeller Foundation)
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MALARIA CONTROL STUDIES

Jacksonville.....	T. H. D. Griffiths, M. D. (U. S. Public Health Service)
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CONSULTANT IN ENTOMOLOGY

Orlando.....	W. V. King, Ph. D.
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ADMINISTRATION

Henry Hanson, M. D., State Health Officer

IN OCALA DECEMBER 4th, 5th, 6th and 7th

The fourth meeting of the Florida Public Health Association will be held in Ocala on the 5th, 6th and 7th of December. The Florida Public Health Association is composed of the official health workers, state and municipal, in Florida. For the benefit of those who do not know that the present organization is a different body from the one which originally operated under this name, the following explanation is given. For a number of years the Tuberculosis Association functioned under the name given above. When the official health workers found it necessary to organize for the consideration of the public health problems met with in their daily routine, the matter was discussed with the group who were more especially interested in tuberculosis, and an agreement was reached by which the tuberculosis association chose the name of The Tuberculosis and Health Association, so as to make it possible for the official health workers to organize under the name, Florida Public Health Association. The first meeting was held in Gainesville on the first of May, 1930, the second in Jacksonville at the Seminole Hotel and the third also in Jacksonville at the Mayflower Hotel. In order to make these health conferences more accessible to people in other parts of the state, the association will meet in the city which extends an invitation and offers suitable convention facilities.

All the meetings so far have had programs of outstanding interest and importance and have been of great benefit to those who have attended. It is hoped that all the municipal authorities in the state will endeavor to send their health officers, sanitary inspectors and nurses to the Ocala meeting. These meetings serve as a clearing house of ideas for the improvement of the health work and have offered opportunities for an integration and correlation of activities.

For this year's meeting a very interesting and instructive program has been worked out. Some of the outstanding features of the program are the following. We hope to have the governor-elect of the state present to give a talk on "Public Health and the State". Among the internationally known guest speakers there are the following: Dr. W. M. de Kleine, Medical Director for the American Red Cross; Dr. T. F. Murphy, Chief Statistician for Vital Statistics, United States Bureau of the Census; Dr. C. W. Stiles of the United States Public Health Service, retired, now living in Winter Park during the winter season. Dr. Stiles is a man of considerable international standing and will have a message of great importance to both laymen and official health workers. Dr. W. H. Eddy of Columbia University will be present to lecture on "Food Values". Dr. Eddy's address will be given on the evening of the first day when there will be a public

ADMINISTRATION

meeting. While the audience is gathering for this open meeting, several Florida films will be shown depicting health conditions and activities in the state. Mr. L. F. Frank of the United States Public Health Service will present an interesting paper on the "Comparative Nutritional Values of Pasteurized and Raw Milk". Dr. Victor H. Bassett of Savannah, who is county and city health officer of Chatham County, will give a talk on "Municipal Health Problems", which will be discussed by Dr. N. A. Upchurch, Dr. J. R. McEachern and other city health officers.

On the morning of the first day, there will be an interesting presentation of malaria facts and malaria control, etc., by our malaria triumvirate, Drs. Mark F. Boyd of the Rockefeller Foundation, and L. L. Williams and T. H. D. Griffiths, of the United States Public Health Service. Their papers will be discussed and supplemented by entomological information from Mr. G. H. Bradley of the United States Bureau of Entomology and Dr. W. V. King. Dr. King has just returned from extensive studies in the Philippines.

Dr. W. E. Dove of the United States Bureau of Entomology will give a talk on eye gnats and sand flies. Those who heard the preliminary report from Dr. Dove last year will be interested in hearing the additional information which he will present at the December meeting.

Dr. J. V. Knapp, State Veterinarian, will discuss the results of rabies control and his experiences with a state quarantine and inoculation of imported dogs.

Mr. Donald S. Wallace of the State Geological Survey will give an address on stream gauging and subterranean waters.

Each afternoon there will be sectional meetings, one for sanitary engineers and another for those interested in public health nursing and child hygiene. Among the guest speakers on public health nursing, we will have Miss Petersen of the National Red Cross and other leaders in that field.

In the Engineering Section, there will be an interesting paper by the City Sanitary Engineer of Jacksonville, Mr. H. D. Peters, and one by Mr. Louva G. Lenert on the "Sanitary Survey of Oyster Bearing Areas on the Coast of Florida". The afternoon of the third day will be given to a discussion of milk and dairy problems. We are not at this writing prepared to give the names of the leading essayists on the program.

Dr. W. A. Claxton will have a paper of great interest on the statistics of the tuberculosis survey of the state. Dr. F. A. Brink will discuss the county health unit program and Dr. S. G. Thompson will have an important paper on mortality trends.

ADMINISTRATION

The State Medical Association will be represented by the president of the association, Dr. Gerry R. Holden, who will give an address on "The Relationship of the State Medical Association and the Public Health Movement".

The above is a sketchy outline of the program for those who are interested and may wish to attend.

Health Council

Preceding the meeting, on Sunday afternoon, there will be a meeting of the officials and representatives of the Health Council, of which Dr. J. J. Tigert is president. The topics coming up for discussion at the Health Council will be the problems of general and child welfare, education and public health. Their relationships will be defined and the most effective means of integrating activities will be discussed.

All who are interested are welcome. No invitations are necessary.

AMENDMENT No. 2 TO THE UNITED STATES INTERSTATE QUARANTINE REGULATIONS, PUBLIC HEALTH SERVICE

Treasury Department

Office of the Secretary

Washington, September 28, 1932

In accordance with the provisions of the Act of Congress approved February 15, 1893, the United States Interstate Quarantine Regulations are hereby amended by the addition of Section 15½ as follows:

Transportation of Parrots, Parrakeets and other Birds of the

Psittacine Family

15½. No person, firm or corporation shall offer for shipment in interstate traffic, and no common carrier shall accept for shipment or transport in interstate traffic, any parrot, parrakeet, love bird, macaw, cockatoo, lory, lorikeet, or any other bird of the parrot or psittacine family, unless an accompanying certificate has been obtained from the State health authority to the effect that to the best of the knowledge and belief of such authority such bird as may be offered for shipment has originated from an aviary, or other distributing establishment, free from psittacosis infection.

(Signed) A. A. Ballantine
Acting Secretary of the Treasury.

LIBRARY

Elizabeth Bohnenberger, Librarian

LIBRARY NEWS AND NOTES

Haggard's "The Lame, the Halt and the Blind", N. Y., Harper, 1932 is a book that should provide material for those who are interested in spreading the gospel of health. Here in a single volume is the story of man's progress told in the history of medicine. It provides an engrossing story; that of sacrifice, labor and struggle. The record is stained by superstition and bigotry, and the names of good men and great are set down with thorough understanding of their fervor and also their limitations. From Hippocrates to the barber-surgeons, from Jenner to the modern innovations, the mutations of medical knowledge are recorded. It is a platitude to say "as thrilling as a dime novel" but there are few persons either in the profession or laity who will put the book down until it is finished.

Other New Additions to the Library

Ravenel—A Half Century of Public Health, N. Y., A. P. H. A. c1921.
Richmond—Social Diagnosis, N. Y., Russell Sage Foundation, c1919.
Jennings—Biological Basis of Human Nature, N. Y., Norton, c1930.
Jennings—Prometheus or the Biology and the Advancement of Man, N. Y., Dutton, c1927.

These books are the gift of the Florida Tuberculosis and Health Association.

Annals of Medical History, 1919 to date.

This most valuable file of magazines is the gift of Dr. E. M. L'Engle.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

YOUR DOCTOR AND YOUR CHILD

Immunization

Of the one and one-half million people in Florida, some 400,000 are of school age and perhaps half as many are under school age. If one of these 200,000 calls you "Daddy" or "Mother" and if you want him to enjoy the maximum protection from diphtheria, smallpox and typhoid, you must take him to your own doctor without delay for immunization. Your doctor will know that he can get the immunizing material from the State Board of Health. He will know the best technique of immunizing. Directions are sent with every package. Your doctor is the best person in the world to advise you about these safeguards.

BUREAU OF COMMUNICABLE DISEASES

Representatives of the State Board of Health visit most of the schools each year and offer to the children the protective inoculations. The resulting decrease in the number of cases and deaths from these diseases has been most gratifying but the decrease has been in the school age group only, and unless the State Board of Health expands its activities a great deal, the pre-school age children cannot be safeguarded except they are taken to the family doctor as suggested. Such expansion is unlikely and the responsibility must rest on the parents and family doctor.

New Poster

To promote interest in disease control, the poster shown below in miniature has been printed and is being posted in the offices of physicians and in other suitable places.

<p>IS YOUR CHILD PROTECTED AGAINST DIPHTHERIA SMALLPOX TYPHOID</p> <p>SEE YOUR DOCTOR</p> <p>State Board of Health, Bureau of Communicable Diseases. Henry Hanson, M. D., State Health Officer.</p>
--

Every child should be vaccinated against smallpox by the time it is six months old and toxoid should be given at nine months or as soon as possible thereafter. Typhoid inoculations should be given any time after the first year but before entering school.

Not Approved

Every adult has the privilege of taking a trans-oceanic airplane ride, hopping off with a parachute, driving an auto at top speed and subjecting himself to other great hazards but none has the right to do anything that subjects another, particularly a child, to any unnecessary danger. Parents who neglect to protect their own from preventable sickness may not be required to answer in court but the chastening of conscience may be more painful to bear than that of the law.

BUREAU OF COMMUNICABLE DISEASES

Diphtheria Isolation

The rules of the State Board of Health require that diphtheria patients and healthy carriers of diphtheria germs shall remain isolated until proven by two consecutive laboratory tests to be free of the infection.

By isolation, is meant keeping the individual at home and preventing contact, direct or indirect, with persons likely to contract the disease. The doctor and nurse, or the person acting in the capacity of nurse, are permitted to go and come but they are required to take such precautions as are known to protect them from infection and prevent its transmission to others. Contacts between the attendants and the patient as well as articles that may be soiled with the patient's infectious discharges are limited as much as possible. Thorough cleansing of the attendants' hands after serving the patient is imperative. It is best for attendants to wear an outer garment while in the sick room and leave it at the door when going out. All the patient's discharges, particularly those from the nose and throat are to be considered infectious and are to be disinfected by heat or chemicals. All dishes, eating utensils, clothing, bedding and everything used by the patient are likewise to be disinfected before they are taken from the sick room. Hospital care is greatly to be desired and is highly recommended but it is often not to be had and excellent care can be given in the home if the nurse has careful instructions by the attending physician and carries them out intelligently and carefully.

A warning card should always be placed conspicuously on the front of the house. It serves the interests of the patient and of kindly disposed neighbors who would gladly drop in to offer sympathy and assistance were they not warned of possible danger to themselves and harm to the patient.

The bread winner of the family, if his occupation does not involve handling milk or food or contact with children, if he avoids contact with the patient and does not harbor diphtheria germs, is permitted to continue his usual work. Other children in the home must remain on the premises except that, with the permission of the Health Officer, they may be removed to other quarters, kept in isolation pending laboratory tests and released if no diphtheria germs are found. They must not return to the environment of the patient until the case is terminated unless they wish to remain there.

Most diphtheria carriers and convalescent patients are soon free of the infection. Chronic carriers usually have bad tonsils, the removal of which terminates promptly the carrier state.

Isolation helps to retard the spread of diphtheria but toxoid at nine months serves as a double protection. See your doctor.

BUREAU OF ENGINEERING**Louva G. Lenert, Chief Engineer****PASSING OF THE NOMAD**

Looking out of the window on this late October morning with the tang of a Florida autumn in the air and a wonderful sunshine which we sometimes share with our less fortunate neighbors, we read of the first snows of winter and are reminded of the coming trek of those who prefer to continue to live in comfort in the open rather than go into hibernation and suffer the privations of a hard winter.

To many persons who do not know, Florida climate is classified in their minds entirely from its latitudinal location. It is presumed that solely because of its southern projection the climate is of relatively higher temperature. More and more are visitors coming to Florida realizing the importance of the Gulf stream which washes our more than a thousand miles of shore line. The result is a tempered summer climate equally as delightful as the unsurpassed winters.

The evenness of temperature and the monopoly of sunshine creates and encourages a desire to live out of doors where the wonders of nature can best be assimilated. A few years ago the highways were filled with nomads in "flivvers" and in limousines bedecked with equipment suited to their individual needs, who settled wherever an inviting spot beckoned, and on the morrow departed leaving behind the evidences of carelessness and ignorance to the dismay and ire of the countryside.

This condition gave way to the establishment of camping spots by many communities, municipally owned, for the convenience of the traveler and the protection of the inhabitants along his itinerary. Here could be set up the tents and shelters with the more necessary conveniences of water supply and sewage disposal provided.

Today we have another stage which promises to be more stable. Municipal camps have given way to privately owned State permitted camps under direct supervision of the State Board of Health. Where the nomad of the past had to erect his shelter each night the traveler of today stops in convenient cottages and has no need of fussing with tent and heavy mattresses. The roving family has given way to those who come to stay and enjoy the life and climate of this wonderful State for longer than a day and the camp which attracts this class of people must of necessity enter the lists of competition and provide those attractions which will make his the most appealing.

Before obtaining a permit to operate a tourist camp the owner must provide certain minimum requirements. Permits are issued for one year, or less, all expiring on September first. No license fee is required but the camp must be suitably located on well drained land and ample in size to prevent overcrowding. Camps must be under constant supervision of a camp attendant who is held responsible for all infractions of the sanitary regulations.

BUREAU OF ENGINEERING

The water supply must be approved by the State Board of Health and this provides for not only a satisfactory source, but its proper protection as well. "Pitcher pumps" are never permitted and water must be provided under pressure sufficient to operate other sanitary conveniences throughout the camp.

Shower baths, at least one for each sex, is a minimum requirement and the waste therefrom must be disposed of in a sanitary manner.

Only flush type toilets can be used, the number being determined by the capacity of the camp, one to each sex being the minimum. If city sewer connections are not available a septic tank must be provided with necessary drain tile for final disposal of the effluent underground.

All garbage and other refuse must be deposited in metal cans with tight fitting metal covers and their contents must be removed and disposed of at frequent intervals.

Dogs and cats are not permitted to run at large in camp and of course cattle, pigs and other animals are always excluded.

Thus, the minimum requirements of the State Board of Health for securing a permit cover the principal features dealing with matters of public health. No restrictions are placed upon a camp because of its aesthetic surroundings but the popularity of any camp is largely determined by its appearance and upkeep. The "grapevine telegraph" is far behind the tourists information forum which is in session at every camp. A good camp is known the nation over, and so is the poorly kept one. Florida roads are too marvelous for anyone to stay in a second rate camp when a few minutes drive will bring them to a good one.

During the fiscal year just passed, there were 213 tourist camps permitted in Florida. A list of permitted camps is available to all cities and chambers of commerce throughout the season.

BUREAU OF DIAGNOSTIC LABORATORIES

Paul Eaton, M. D., D. P. H., Director

THE ETERNAL TRIANGLE

When you go into a restaurant and sit down at a table you do not have to sign a contract to pay for whatever you may order and consume, before you are served. There is an implied contract between you and the purveyor of food which is good in law. There is no need for a formal contract.

Similarly when you consult a physician and divulge to him some information that you would rather not have made public property you do not have to swear him to secrecy. The law recognizes the need for a confidential relation between physician and patient, and

BUREAU OF DIAGNOSTIC LABORATORIES

regards anything you may tell him to enable him to treat you more intelligently as such a sacred secret that he may not even be questioned about it in a court of law. It seems to be held ordinarily that if you wish to have him testify in your behalf you may waive the privilege of secrecy but there have been judges who held that not even the patient's desire could release the physician from his obligation of secrecy.

When the contagious nature of certain diseases became known, law-makers began to whittle away this "medical secret". They made its obligatory on the physician to report to certain designated official agencies the existence of certain forms of disease. This violation of the rights of the individual was justified on the basis of "the greatest good to the greatest number", and has been upheld by every court I ever heard of, at least. In Florida, you may have smallpox if you wish to have it (that is to say you do not have to be vaccinated against it) but if you do exercise your constitutional right to have it you may not endanger your neighbor who may be averse to having smallpox. This is a poor illustration because your neighbor who does not wish to have smallpox does not need to quarantine you if you do have it. All he needs do is be vaccinated. But with diphtheria it is different. If you have this latter disease you constitute a menace to the members of the community with whom you may come in contact, and to protect themselves they may quarantine you. But they cannot do this until they find out that you have the disease.

But what will happen when the physician with the consent or at the wish of the patient, consults a third party about the diagnosis of the disease? This third party is of course the Laboratory. I think that it has been agreed by the courts that the bringing in of the Laboratory does not alter the secret nature of the relation between the patient and the physician. Nor does the transmission of the Laboratory finding to the State Health Officer constitute a breach of confidence, for constructively at least the Laboratory and the State Health Officer are one. But what about other official agencies?

Let us take a concrete case. Suppose that you are (or were) a World War veteran, and the payment of certain benefits to your wife and children depended upon the fact that within a specified time after the war you developed tuberculosis. Suppose further that the State Laboratory assisted the physician who made this diagnosis by finding tubercle bacilli in your sputum. Would the Laboratory be justified even at your request in furnishing a copy of its report on your sputum to anybody else than the physician who sent the specimen for examination?

Up to the present time we have adhered strictly to this rule and strangely enough, adherence to the rule has in every case operated to the benefit of the patient. But suppose that the physician has died since the transaction in question. Would it be proper to send the copy direct to the Veterans Bureau or should it go through a physician to be chosen by the patient or by his family?

BUREAU OF DIAGNOSTIC LABORATORIES**Paul Eaton, M. D., D. P. H., Director****SUMMARY OF WORK DONE IN THE LABORATORIES OF
THE STATE BOARD OF HEALTH DURING THE MONTH OF
SEPTEMBER, 1932**

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1142	700	151	78	234	2305
Diphtheria	1834	669	50	556	13	3122
Typhoid	544	158	33	21	35	791
Malaria	520	148	41	23	124	856
Rabies	13	10		3		26
Tuberculosis	175	100	15	46	6	342
Gonorrhea	604	241	47	104	33	1029
Kahn	3857	1574	178	756	280	6645
Water		43	38	246		327
Milk	386	595	409	512	100	2002
Miscellaneous	289	23	9	235	4	560
	<u>9364</u>	<u>4261</u>	<u>971</u>	<u>2580</u>	<u>829</u>	<u>18005</u>

Specimen Containers Distributed 12,681

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	119 Packages
	5,000 units	48 Packages
Toxin Antitoxin.....		172 C. C.
Schick.....		155 Tests
Toxoid.....		62 C. C.
Tetanus Antitoxin.....	5,000 units	1 Package
Typhoid Vaccine.....		7,243 Treatments
Vaccine Virus.....		2,437 Capillaries
Antirabic Virus.....		33½ Packages
Carbon Tetrachloride.....		1,210 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

MALARIA MORTALITY, 1931



The lowest malaria death rate in Florida was recorded last year. There were 205 deaths from this cause making a rate of 13.6 per 100,000 population as compared with a total number of 322 deaths for the previous year and a rate of 22.4. The highest recorded rate in any one year was for 1919 when 440 deaths were charged to this cause making a rate of 46.0.

In allocating the malaria deaths for all states, under resident deaths for Florida, five were charged to other states and two deaths of Floridians in other states were charged back to Florida. This national system of allocation gives a more accurate picture of the condition of each state's population. The resident deaths and death rates as shown by counties depict an important distinction between the place of death and the residence of the deceased.

The highest recorded rate last year was for Dixie County, 159.4, second highest Wakulla County with a rate of 127.3 and third highest Citrus with a rate of 107.1. Thirteen counties had no resident deaths from malaria. A study of the tabulations on the following pages indicating malaria deaths by counties brings out very clearly that malaria is confined largely to restricted territories within the state and is more of a problem in certain areas and not of equal importance in other parts of the state. Likewise, malaria is not a national problem to the same extent as in certain states. A study of the 1930 mortality figures from the United States Bureau of the Census indicates the following states as having the highest mortality rates from this cause.

Deaths from Malaria and Rates per 100,000 population, for states having highest mortality rate from this cause, United States Registration Area, 1930.

States	Deaths	Rates
Arkansas.....	670	36.1
Florida.....	356	24.1
South Carolina.....	366	21.0
Mississippi.....	347	17.2
Georgia.....	440	15.1
Alabama.....	326	12.3
Louisiana.....	176	8.3
Oklahoma.....	143	5.9
Tennessee.....	144	5.5
Missouri.....	129	3.5
Kentucky.....	54	2.1
North Carolina.....	47	1.5
Illinois.....	54	0.7
Virginia.....	16	0.7

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria and Rates per 100,000
Population by Counties—Florida, 1931

COUNTIES	RECORDED		RESIDENT	
	DEATHS	RATE	DEATHS	RATE
0. State.....	205	13.6	202	13.4
1. Alachua.....	6	17.1	4	11.4
2. Baker.....	1	15.6	1	15.6
3. Bay.....	4	32.8	5	41.0
4. Bradford.....	0	...	0	...
5. Brevard.....	1	7.2	1	7.2
6. Broward.....	3	13.7	2	9.1
7. Calhoun.....	5	68.5	5	68.5
55. Charlotte.....	1	23.8	1	23.8
8. Citrus.....	6	107.1	6	107.1
9. Clay.....	1	14.3	1	14.3
62. Collier.....	1	32.3	1	32.3
10. Columbia.....	4	27.2	3	20.4
11. Dade.....	1	0.6	1	0.6
12. DeSoto.....	0	...	0	...
56. Dixie.....	11	159.4	13	188.4
13. Duval.....	4	2.5	2	1.2
14. Escambia.....	4	7.4	4	7.4
53. Flagler.....	1	40.0	1	40.0
15. Franklin.....	1	15.6	1	15.6
16. Gadsden.....	13	42.3	14	45.6
64. Gilchrist.....	3	71.4	3	71.4
57. Glades.....	0	...	0	...
65. Gulf.....	1	30.3	1	30.3
17. Hamilton.....	4	42.3	4	42.3
58. Hardee.....	1	9.6	1	9.6
63. Hendry.....	1	26.3	1	26.3
18. Hernando.....	0	...	0	...
59. Highlands.....	1	10.1	1	10.1
19. Hillsboro.....	1	0.6	2	1.2
20. Holmes.....	2	15.5	2	15.5
66. Indian River.....	0	...	0	...
21. Jackson.....	13	40.5	14	43.6
22. Jefferson.....	5	37.3	5	37.3
23. Lafayette.....	1	22.7	1	22.7
24. Lake.....	3	12.3	4	16.4

BUREAU OF VITAL STATISTICS

Recorded and Resident Deaths from Malaria and Rates per 100,000
Population by Counties—Florida, 1931—(Continued)

COUNTIES	RECORDED		RESIDENT	
	DEATHS	RATE	DEATHS	RATE
25. Lee.....	3	18.9	3	18.9
26. Leon.....	3	12.4	2	8.3
27. Levy.....	9	70.3	9	70.3
28. Liberty.....	1	24.6	1	24.6
29. Madison.....	5	32.0	5	32.0
30. Manatee.....	0	...	0	...
31. Marion.....	11	36.3	11	36.3
67. Martin.....	1	18.2	1	18.2
32. Monroe.....	0	...	0	...
33. Nassau.....	0	...	0	...
34. Okaloosa.....	0	...	0	...
54. Okeechobee.....	0	...	0	...
35. Orange.....	6	11.2	5	9.4
36. Osceola.....	0	...	0	...
37. Palm Beach.....	2	3.6	2	3.6
38. Pasco.....	6	55.6	5	46.3
39. Pinellas.....	8	12.1	7	10.6
40. Polk.....	4	5.2	4	5.2
41. Putnam.....	1	5.4	1	5.4
42. St. Johns.....	1	5.2	1	5.2
43. St. Lucie.....	0	...	0	...
44. Santa Rosa.....	1	7.1	1	7.1
60. Sarasota.....	0	...	0	...
45. Seminole.....	4	20.3	4	20.3
46. Sumter.....	3	27.3	3	27.3
47. Suwannee.....	4	25.4	4	25.4
48. Taylor.....	4	29.9	4	29.9
61. Union.....	2	26.0	2	26.0
49. Volusia.....	5	11.1	5	11.1
50. Wakulla.....	7	127.3	7	127.3
51. Walton.....	3	20.1	2	13.4
52. Washington.....	7	57.4	8	65.6

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**YOUR RED CROSS
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HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

This Bulletin will be sent to any address in the State free of charge.

Vol. 24

DECEMBER, 1932

No. 12

Edited by

STEWART G. THOMPSON, D. P. H., Member
American Medical Editors' and Authors' Assn.

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OBSERVATION TOUR



The writer has recently made a tour for the purpose of study and observation of public health administration in Virginia, Georgia, Tennessee and Alabama. The stop in Alabama was very brief and confined largely to a discussion of public health nursing activities. The objective of the tour was to learn the set up for a Child Hygiene and Public Health Nursing program.

In some of the child hygiene literature and in addresses by some interested in this field one finds statements to the effect that a child hygiene program begins with the prenatal period and continues until the child is 18 or 21 years old. Such a program has a tendency to confuse the administrator to some extent in the assignment of activities throughout the organization, especially in a state organization composed of several bureaus. It introduces an element of conflict and lack of understanding of the respective duties of a bureau or division of Communicable Diseases and a Bureau of Child Hygiene as well as other bureaus if the child hygiene group is to take over all health activities up to adult life. All administrators, however, do not regard this as the most desirable set up and some are inclined to limit the activities of the child hygiene program to the preschool group, starting in at the prenatal stage. The difficulty indicated above is solved where there are full time county health units where naturally the county health officer and the public nurse cover the entire field.

The public health nursing program appears to vary somewhat but in principle is comparatively uniform. The consensus of opinion appears to be that there should be a division or bureau of public health nursing with an individual program. Public health nursing is a service which is needed by nearly all branches of the health organization and the most effective public health nursing service will be rendered where there is a division of public health nursing with a chief nurse responsible directly to the administrator and whose duties may be said to be those of a disbursing officer of nursing service. She should be a nurse with executive ability, good judgment and capable of supervising the activities of her subordinates. The nurses in the nursing division should be assigned to any bureau or division which has need for the service. The activities of the public health nurse are most valuable in making home visits, teaching home hygiene and the care of those affected with communicable disease as well as the prevention thereof. A public health nurse is also a valuable contact officer with various organizations such as the Women's Clubs, the Parent-Teachers Association, the medical profession and local authori-

ADMINISTRATION

ties. The relation of the public health nurse to the public health administrator is quite similar to the relation of the private duty nurse and the physician.

GIFT TO THE LIBRARY

Through the generosity of Col. Raymond C. Turck, the State Board of Health Library becomes the possessor of some three hundred volumes pertaining to medicine and surgery. These books are from Col. Turck's personal library, long known to be one of the finest special collections in the South. Included in the gift are several valuable files of medical periodicals.

This collection will be catalogued by the librarian, and thus made available to the medical profession and public health workers throughout the State. A more detailed account of the gift will be made in a future issue of Health Notes.

The thanks of the State Health Officer are extended to Col. Turck for so concretely expressing his interest in the Library.

LIBRARY

Elizabeth Bohnenberger, Librarian

LIBRARY NEWS AND NOTES



This month the Library would like to call special attention to two volumes in the "Century of Progress" series, published by Williams and Wilkins. The books are published in connection with the World's Fair which will be held in Chicago next year. As every one knows, the motif of the Chicago Exposition will be the progress of humanity in the fields of science and invention. So these two books endeavor to present informally the story of man's advancement. Readers will find Warder Allee's

"Animal Life and Social Growth" a valuable guide to the strange evolutionary order of animal existence. Animal communities, habitats, aggregations, are discussed. The chapter on "Unbalance in Nature" is especially interesting.

The other book in the series which the Library has is E. T. Bell's brief summary of the science of mathematics, "Queen of the Sciences". By means of a dash of history, a liberal dispensation of science, and an enlightening explanation of postulates, Mr. Bell manages to make mathematics alluring to the layman. Something of the spirit of his thesis can be perceived in his closing lines which pay tribute to the mathematicians of the future: "Wisdom was not born with us, nor will it perish when we descend into the shadows with a regretful backward glance that other eyes than ours are already lit by the dawn of a new and truer mathematics."

LIBRARY**PERIODICALS**

Below is a partial list of magazines which now come regularly to the Library:

American Journal of Public Health.
American Heart Journal.
American Journal of Syphilis.
American Review of Tuberculosis.
Annals of Tropical Medicine and Parasitology.
Child Study.
Journal of Florida Medical Association.
Journal of Infectious Diseases.
Journal of Nutrition.
Journal of Parasitology.
Public Health Nursing.
American Medical Association Journal.
Journal of the Royal Sanitary Institute.
Survey.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TUBERCULOSIS FACTS

Reliable authorities in whom we can place the utmost confidence have given us certain facts about tuberculosis. These facts have been well established by study, research and observation. They have a direct bearing on the prevention and cure of the disease. In truth, it is the practical application of our knowledge, gathered through years of groping, that has enabled us to progress thus far in reducing by more than half the tuberculosis death rate of a

few years ago. When we attain a high enough degree of efficiency in this we shall eliminate the scourge.

A Contagious Disease

Like other diseases caused by bacteria tuberculosis is transmitted from person to person by means of infectious discharges and the sputum is the most important of these. Every case of tuberculosis comes from another case. In a way it is unfortunate that the disease does not become evident for a long time after the exposure for that is the chief reason why its catching nature is not better appreciated. On the other hand, many are exposed who never suffer any harm. Many of these, it is believed, become immune, at least to a moderate amount of infection. Whether or not one develops tuberculosis depends mainly upon the amount of infection—the number of germs

BUREAU OF COMMUNICABLE DISEASES

taken into the body and also upon the general health of the individual at the time of exposure and afterward. The larger the number of germs taken in, the greater the danger. The better the general health of a person, the less likely he is to get tuberculosis. These two factors—the number of germs acquired and the degree of good health enjoyed by the individual—are difficult to measure but we do know that a good state of nutrition, adequate rest, pure air and sunshine tend to prevent and to cure tuberculosis.

Contact is Dangerous

If the same degree of care were taken to prevent exposure to tuberculosis as is required with respect to smallpox or infantile paralysis, our progress toward complete control would be rapid. Our familiarity with any danger seems to breed contempt. A consumptive who is careless is a greater menace than a mad dog. Whereas rabies takes from two to five human lives in a year, tuberculosis takes a thousand. Tuberculosis is insidious, treacherous, it lacks the spectacular features of hydrophobia and some of the other acute diseases. Let us not be deceived. Let us learn and remember that rational care on the part of the consumptive and his associates can be taken without hardships and the spread of disease thus minimized.



The proceeds from the sale of Christmas seals are used mainly in the educational campaign for tuberculosis control.

Buy Christmas Seals.

TOXOID or TOXIN-ANTITOXIN

Toxoid is now accepted as the best material for immunizing children under ten years of age against diphtheria. Two doses with an interval of two to four weeks will afford a little better protection than the three doses of toxin-antitoxin. Three doses of toxoid may be given and the results are still better. In older children toxoid occasionally produces a reaction that is unpleasant but not dangerous. To children under six diphtheria immunization is most important. The responsibility rests mainly on the parents and the family doctor.

REPORTING

Do not ask your doctor to refrain from reporting a case of communicable disease in your home unless you are willing that he should do as much for your neighbor.

BUREAU OF LABORATORIES**Paul Eaton, M. D., D. P. H., Director****A LONG WORD**

Living matter is distinguished from dead matter by its capacity to nourish itself and reproduce. By nourishing itself we mean taking in dead matter and making this a part of the living matter.

The simplest kind of living matter is called for convenience "protoplasm". Different organisms have different kinds of protoplasm. Each kind of plant and animal has its own kind of protoplasm.

The chief difference between plants and animals seems to be that plants can nourish themselves on "simpler" foods, that is to say foods that may be manufactured in the chemical laboratory, while animals need foods that have been especially prepared for them by plant life.

The simplest kind of animal life, the ameba for instance, consists of a single cell which can take in material of the right kind from the outside, and convert this into its own kind of "stuff".

All the material of which the ameba is composed possesses all the powers of the whole animal; that is to say it is irritable, which means that it can respond to stimuli from the outside; it is motile, it can move itself; it has digestive faculties, it can take diverse substances and convert them into its own self, and it is reproductive, it can under appropriate conditions divide itself into two organisms, each one eventually indistinguishable from the parent animal.

When two or more cells unite themselves together for mutual defense or for better opportunities for the "pursuit of life, liberty and happiness", they begin to make a "division of labor" that is to say some of the cells take over certain functions and responsibilities and leave the other functions and responsibilities to others.

In the most highly developed organisms, there is a more or less complete "division of labor". Bones support and protect other tissues, muscles move other tissues, blood carries nourishment to other tissues, digestive organs prepare nourishment for the whole organism and the nervous system controls and directs the whole organism.

But despite this high degree of specialization or differentiation of tissues, the individual cells have not surrendered all of their original functions, or at least they have not forgotten how to do all the things the original cell knew how to do and sometimes they are called on to resume some of these duties.

The function of the digestive organs in the higher animals is to

BUREAU OF LABORATORIES

take appropriate material of diverse kinds and convert it into the proper "stuff" of the organism being nourished. The cow converts its food into cow protoplasm which differs from horse protoplasm or dog protoplasm as oak leaves in a forest differ from maple leaves or beech leaves.

Now if a normal rabbit eats some egg-albumen (egg-white) this protein will be digested in its stomach and absorbed as rabbit protein and not as egg protein. How the transformation is effected we do not know but that it does occur we are entirely certain, and this same kind of a transformation occurs whenever a normal animal eats a protein.

But let us inquire into what may happen if a substance that under the usual course of events would be easily converted to the uses of the nourished animal were to get into the body by some unaccustomed route, that is in some other way than by way of the digestive tract.

Let us particularly inquire what would happen if some egg-protein should be introduced into a normal rabbit by means of a hypodermic syringe. From experiment we know that this egg-protein, being somewhat similar to rabbit protein in its general properties, will circulate in the blood for a time, but will be gradually destroyed and eventually it will be found that there is no longer any egg-protein in the rabbit's body.

But after this foreign protein has all disappeared a strange thing may be noted. The foreign protein is all gone, but the body has not forgotten about its having been there. The cells of the rabbit's body have learned how to digest and assimilate egg-protein, but having had only one experience with it they have not learned discretion in dealing with it. For if another injection of egg-protein be made into the same rabbit the cells which have learned to handle egg-protein will digest it so quickly that they may overwhelm the body by the quickness of the process for one of the products of digestion seems to be harmful if set free too rapidly.

If this harmful ingredient of protein be liberated slowly in the body, as it will be the first time, no harm results, but too great speed in the reaction may even be fatal to the experimental animal.

This reaction to the too rapid liberation of a harmful ingredient of a harmless protein received the general name of **anaphylaxis** which means just the opposite of prophylaxis.

Next month I hope to show the relation between Anaphylaxis and Asthma.

BUREAU OF LABORATORIES

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE
STATE BOARD OF HEALTH DURING THE MONTH OF
OCTOBER, 1932.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	2771	984	230	162	485	4632
Diphtheria	3894	962	134	1165	36	6191
Typhoid	412	164	40	20	33	669
Malaria	417	154	46	19	197	833
Rabies	16	4		1		21
Tuberculosis	166	126	29	52	6	379
Gonorrhea	681	241	49	119	23	1113
Kahn	4217	2044	200	782	204	7447
Water		97	41	290		428
Milk	371	562	394	617	87	2031
Miscellaneous	184	10	2	257		453
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	13129	5348	1165	3484	1071	24197

Specimen Containers Distributed 11571

BIOLOGICAL PRODUCTS DISTRIBUTED

Diphtheria Antitoxin.....	10,000 units	165	Packages
	5,000 units	34	Packages
Toxin Antitoxin.....		9,660	C. C.
Schick.....		12,560	Tests
Toxoid.....		5,715	C. C.
Tetanus Antitoxin.....		5	Packages
Typhoid Vaccine.....		10,650 1/2	Treatments
Vaccine Virus.....		3,010	Capillaries
Antirabic Virus.....		27	Packages
Carbon Tetrachloride.....		3,236	Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO
THE STATE LABORATORY, STATE BOARD OF HEALTH
JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING**Louva G. Lenert, Director****MORE ABOUT CERTIFIED OYSTERS**

The first consideration of the certified oyster producer is that shellfish shall not be taken from such waters or growing areas as have been declared by the State Board of Health to be polluted.

Extensive surveys have been conducted in order to determine the sanitary quality of the principal oyster producing waters of the State. Such surveys have not included areas where limited quantities of shellfish are taken, but have been confined to such as are producing in commercial quantities. Additional investigations will be made from time to time of other waters of the State as conditions may warrant.

In a previous issue of Health Notes a list of the condemned shell fish areas, to date numbering twelve, was published with a brief description of their boundaries. This has been further amplified with sketches of the individual areas to insure more definite location of the boundary lines, and these have been strengthened by the cooperative posting of signs in the areas themselves by the district sanitary officers of the State Board of Health and the deputies of the Shellfish Commission. These signs are of a permanent character, 20 x 36 inches in dimensions, the form of which can be seen from the accompanying figure.

CONDEMNED SHELLFISH AREA

Oysters and clams in this area are
unfit for human consumption: Their use is prohibited.

Florida State Board of Health

The Waters
of McKay Bay and tributaries
are closed for taking of shellfish for any use.

Violators will be prosecuted.

State Shellfish Commission

BUREAU OF ENGINEERING

Thus it is seen that there can be little excuse for the certified oyster producer not understanding the locations of areas pronounced by the State Board of Health to be polluted.

The deputies of the State Shellfish Commission also police the waters so condemned, offenders being prosecuted as violating the health laws of the State.

It is readily seen that oysters may be taken at many points along Florida's very extensive coast line from waters outside of the prohibited zones. Before the issuance of a certificate it is definitely known from what body of water the oysters produced under that certificate number will be taken. Certified oysters are therefore of satisfactory sanitary origin.

On the other hand, unscrupulous dealers who offer oysters not certified, whether they are peddled in fruit jars or sold from the delicatessen shop can offer no guarantee that the product was not taken from near the city sewer outfall or other polluted zone.

The second consideration of the certified oyster producer is that the product be handled in a sanitary manner. Before being certified the producer must also have a sanitary shucking and packing plant, including properly constructed building and equipment, operated in a sanitary manner as set forth in the regulations of the Board, by a personnel which has been examined by a licensed doctor of medicine as to fitness for employment in such a plant. The product is packed and sealed in non-returnable containers with the certificate number of the plant where it is packed stamped thereon. They are then immediately stored at a temperature below 50° F. until the time of being shipped. The same temperature is maintained in shipping by packing ice around the sealed containers.

Upon reaching the retailer the producer's responsibility for certified oysters ceases and the consumer must rely upon his dealer.

The final consideration in obtaining certified oysters is therefore proper retail dispensing. The regulations of the Board provide that:

"All retailers shall keep an accurate record of all lots of oysters received.

"All shucked stock received by wholesalers or retailers shall be kept in the original sealed containers, which shall not be opened except as required for dispensing by the retailers.

"Shucked stock shall be sold under the following conditions:

(a) Containers from which they are dispensed shall be marked with the name, address and identification mark of the shipper.

BUREAU OF ENGINEERING

(b) When the container is opened, either by packer, wholesaler or retailer, it shall be done under proper sanitary precautions. All utensils coming into contact with the raw food shall be sterilized before use, in accordance with approved methods, and containers furnished by the dealers for dispensing to customers must be clean. The manual handling of shucked stock is prohibited.

(c) Persons handling shucked stock in retail dispensing shall be subject to the same regulations and supervision that apply to other food handlers.

(d) Any adulteration or the addition of any water or ice is prohibited.

(e) The display of shucked stock in open cans is prohibited.

(f) Proper refrigeration shall be provided in all places, including retail stores where shucked stock is kept.

"Non-returnable cans must not be sold or given away, but should be destroyed by perforating as soon as they are emptied."

The entire certified oyster program is thus thoroughly rounded out. It meets with the whole-hearted support of the oyster industry and guarantees a product of unquestionable sanitary quality.

Insist on certified oysters dispensed by approved methods.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DEATHS FROM TUBERCULOSIS



The picture presented from the vital statistics records on mortality from tuberculosis (all forms) last year is not as satisfactory as for the previous year. In 1931, there were 1,067 deaths from tuberculosis, representing a rate of 70.8 per 100,000 population as compared with a rate of 68.6 for the previous year. There must be some cause for this rise in the death rate from tuberculosis as there were fewer deaths last year from all causes than for the previous year and notwithstanding the decrease in the number of deaths from all causes last year, there was an increase in the number of deaths from tuberculosis (all forms).

BUREAU OF VITAL STATISTICS

A study of the table showing tuberculosis deaths by counties for 1931 as compared with a similar table for the previous year indicates that fourteen counties had the same number of deaths from this cause for both years, as follows:

Bay	Gulf	Lake
Calhoun	Highlands	Liberty
Collier	Holmes	Monroe
Escambia	Indian River	Nassau
Gilchrist	Lafayette	

In the twenty-five counties listed below, the number of deaths decreased last year:

Alachua	Franklin	Martin
Bradford	Hamilton	Okaloosa
Brevard	Hernando	Osceola
Charlotte	Hillsboro	Palm Beach
Clay	Jackson	Pasco
Columbia	Jefferson	Putnam
Dade	Leon	Volusia
DeSoto	Marion	Washington
Dixie		

In twenty-eight counties, however, there was an increase. The rise in the tuberculosis death rate for the state, therefore, was caused by the increase in the number of deaths in the following counties:

Baker	Levy	Santa Rosa
Broward	Madison	Sarasota
Citrus	Manatee	Seminole
Duval	Okeechobee	Sumter
Flagler	Orange	Suwannee
Gadsden	Pinellas	Taylor
Glades	Polk	Union
Hardee	St. Johns	Wakulla
Hendry	St. Lucie	Walton
Lee		

Deaths from Tuberculosis (all forms) and Death Rates per 100,000 Population by Color—Florida, 1927-1931.

Years	Total		White		Colored	
	Tuberculosis Deaths	Rates per 100,000	Tuberculosis Deaths	Rates per 100,000	Tuberculosis Deaths	Rates per 100,000
1931	1067	70.8	427	40.1	640	144.8
1930	1015	68.6	432	41.3	583	134.0
1929	1014	70.8	416	41.3	598	140.6
1928	1102	79.7	481	49.7	621	149.5
1927	1097	96.7	463	49.8	634	156.4

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (all forms) and Death Rates per 100,000
Population by Color and by Counties, 1931

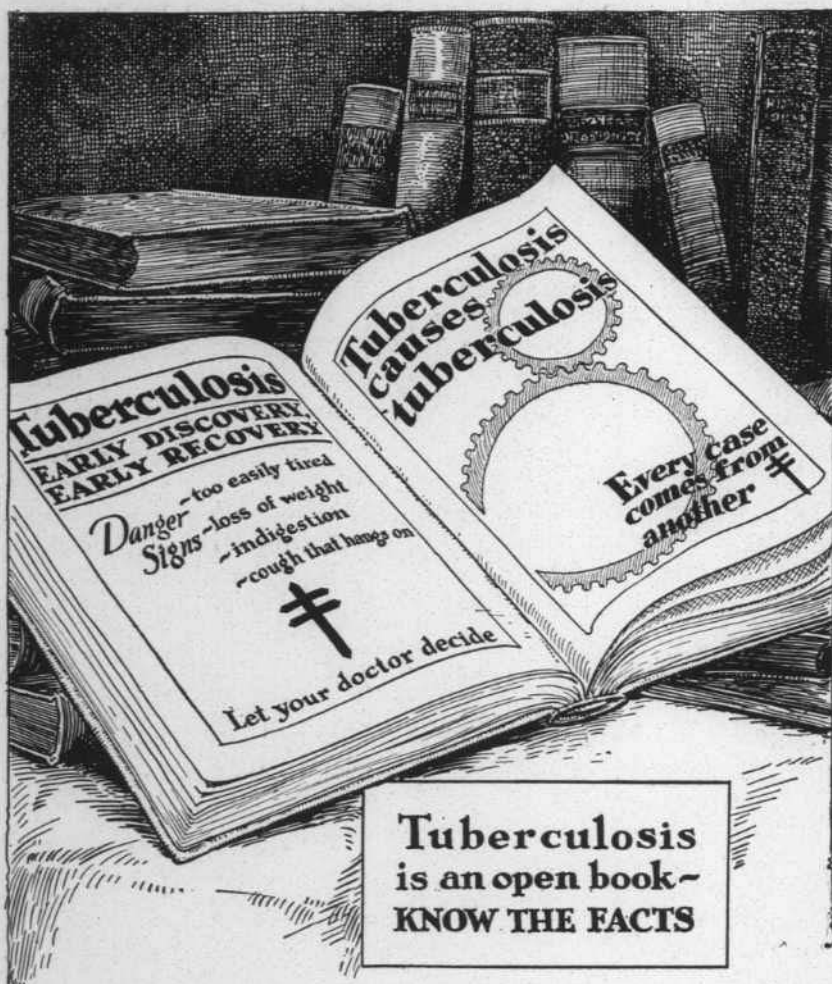
COUNTIES	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
0. State.....	1067	70.8	427	40.1	640	144.8
1. Alachua.....	25	71.2	7	35.9	18	115.4
2. Baker.....	5	78.1	3	65.2	2	111.1
3. Bay.....	3	24.6	1	11.0	2	64.5
4. Bradford.....	1	10.3	1	14.5	0	...
5. Brevard.....	7	50.4	4	42.6	3	66.7
6. Broward.....	17	77.6	8	54.8	9	123.3
7. Calhoun.....	2	27.4	1	16.7	1	76.9
55. Charlotte.....	0	...	0	...	0	...
8. Citrus.....	7	125.0	3	78.9	4	222.2
9. Clay.....	3	42.9	0	...	3	176.5
62. Collier.....	0	...	0	...	0	...
10. Columbia.....	15	102.0	8	88.9	7	122.8
11. Dade.....	98	63.1	47	38.2	51	158.4
12. DeSoto.....	6	76.9	3	47.6	3	200.0
56. Dixie.....	0	...	0	...	0	...
13. Duval.....	196	122.0	43	40.4	153	282.8
14. Escambia.....	34	62.8	15	37.2	19	137.7
53. Flagler.....	4	160.0	2	125.0	2	222.2
15. Franklin.....	3	46.9	0	...	3	120.0
16. Gadsden*.....	63	205.2	22	164.2	41	237.0
64. Gilchrist.....	1	23.8	1	28.6	0	...
57. Glades.....	1	35.7	0	...	1	111.1
65. Gulf.....	0	...	0	...	0	...
17. Hamilton.....	2	21.2	0	...	2	52.9
58. Hardee.....	5	48.1	2	20.8	3	375.0
63. Hendry.....	2	52.6	1	43.5	1	66.7
18. Hernando.....	3	60.0	1	28.6	2	133.3
59. Highlands.....	7	70.7	0	...	7	241.4
19. Hillsboro.....	113	70.0	59	45.0	54	177.0
20. Holmes.....	1	7.8	1	7.9	0	...
66. Indian River.....	1	14.1	1	19.6	0	...
21. Jackson.....	8	24.9	2	10.2	6	48.0
22. Jefferson.....	6	44.7	1	23.3	5	54.8

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS

Deaths from Tuberculosis (all forms) and Death Rates per 100,000
Population by Color and by Counties, 1931—(Continued)

COUNTIES	Total		White		Colored	
	Deaths	Rates per 100,000	Deaths	Rates per 100,000	Deaths	Rates per 100,000
23. Lafayette.....	1	22.7	1	27.0	0	---
24. Lake.....	18	73.8	8	45.2	10	149.3
25. Lee.....	14	88.1	9	74.4	5	131.6
26. Leon.....	3	12.4	2	19.8	1	7.1
27. Levy.....	9	70.3	6	75.9	3	61.2
28. Liberty.....	0	---	0	---	0	---
29. Madison.....	18	115.3	5	67.5	13	158.5
30. Manatee.....	15	64.1	6	36.8	9	126.8
31. Marion.....	19	62.7	4	25.6	15	102.0
67. Martin.....	2	36.4	0	---	2	90.9
32. Monroe.....	20	146.8	17	152.8	3	120.2
33. Nassau.....	5	53.3	2	36.4	3	77.2
34. Okaloosa.....	1	10.0	1	11.1	0	---
54. Okeechobee.....	2	45.5	0	---	2	142.9
35. Orange.....	32	59.9	16	39.7	16	122.1
36. Osceola.....	7	63.1	5	64.1	2	60.6
37. Palm Beach.....	30	53.5	13	34.4	17	92.9
38. Pasco.....	5	46.3	2	22.0	3	176.5
39. Pinellas.....	35	52.8	22	40.4	13	110.2
40. Polk.....	51	66.8	24	40.3	27	160.7
41. Putnam.....	12	64.9	2	18.9	10	126.6
42. St. Johns.....	17	87.6	5	40.3	12	171.4
43. St. Lucie.....	6	81.1	5	92.6	1	50.0
44. Santa Rosa.....	4	28.4	2	16.7	2	95.2
60. Sarasota.....	9	66.7	5	47.6	4	133.3
45. Seminole.....	15	76.1	7	64.8	8	89.9
46. Sumter.....	7	63.6	5	65.8	2	58.8
47. Suwannee.....	9	57.2	3	28.9	6	112.4
48. Taylor.....	8	59.7	0	---	8	156.9
61. Union.....	17	220.8	1	21.3	16	533.3
49. Volusia.....	21	46.6	7	21.9	14	106.9
50. Wakulla.....	3	54.5	0	---	3	136.4
51. Walton.....	9	60.4	3	24.8	6	214.3
52. Washington.....	4	32.8	2	20.6	2	80.0



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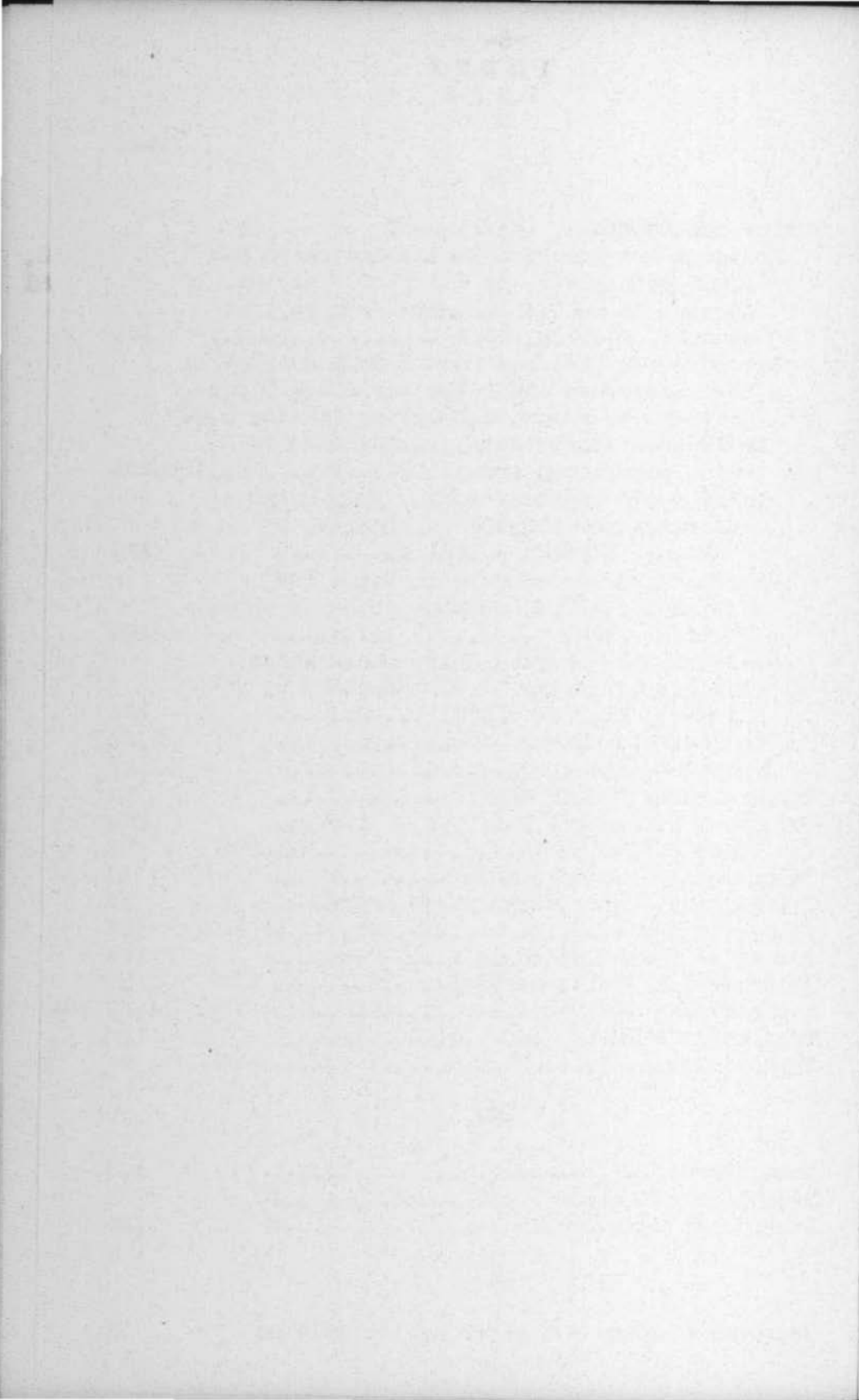
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